

Miniquen

11+10

**OPTIMUM PROTECTION
with minimum medication**



MINIQUEN introduces a new generation of oral contraceptives. A regimen of 11 days estrogen followed by 10 days estrogen/progestin closely simulates the normal hormonal cycle. It provides optimum protection at the lowest oral contraceptive progestin dosage per cycle.

This near-normal hormonal pattern produces near-normal endometrial change^{1,2}; no changes in vaginal mucosa or cervix have been reported^{1,2}. It reduces many of the side effects usually associated with oral contraceptives³.

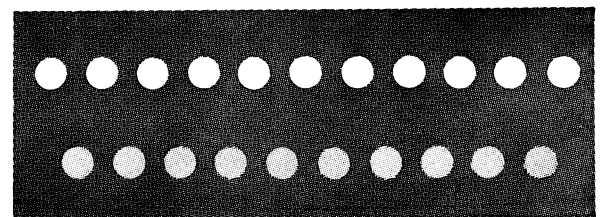
As well as providing optimum protection, MINIQUEN is economical.

Full prescribing information on request.

REFERENCES: 1. Miniquen Product Monograph, G.D. Searle & Co. of Canada Limited, 1969.

2. M.G. Tompkins, paper presented at Canadian Society for the Study of Fertility Meeting, July 12-16, 1968, Calgary & Banff, Alberta.

3. P.N. Shah, British Medical Journal II:1431, 1966.



AVAILABILITY: Miniquen dispenser of 21 tablets: 11 blue tablets each containing mestranol 0.1 mg. and 10 pink tablets, each containing mestranol 0.1 mg. and ethynodiol diacetate 0.5 mg.

G. D. Searle Company of Canada Limited
Bramalea, Ontario

SEARLE

CONTRAINDICATIONS: MINIQUEN should not be used in women with suspected or overt liver disease, dysfunction or jaundice.

MINIQUEN should not be given to the patient during lactation due to the possibility of the secretion of estrogen and progestin or their metabolites in the milk.

MINIQUEN should be withheld in the presence of pre-existing genital or breast carcinoma; from patients with a history of thrombophlebitis or thromboembolic disease; in the presence of undiagnosed vaginal bleeding; a history of cerebral vascular accident, or the presence of unexplained loss of vision, defects in the visual field, diplopia, proptosis, migraine or the presence of neurovascular lesions of the eye; from any patient experiencing a sudden onset of severe headache, blurred vision, migraine or any neuro-ophthalmic condition that had not previously occurred, or if retinal hemorrhage or papilledema occur.

In the presence of two consecutive missed menstrual periods pregnancy should be ruled out and if such should be the case, the drug discontinued.

PRECAUTIONS: The possibility of non-functional causes should be considered in the presence of persistent breakthrough bleeding.

The use of MINIQUEN in patients with a history of psychic depression should be carefully followed and the drug discontinued if recurrence of this condition appears imminent.

The possible effect of estrogens on the metabolism of calcium and phosphorus should be borne in mind in patients with diseases affecting the metabolism of these substances.

The insulin requirement of the diabetic patient occasionally changes when she is taking estrogen. This should be considered when MINIQUEN is prescribed for these patients.

MINIQUEN should be used with caution in patients with cardiac or renal disease, hypertension, epilepsy or asthma.

The pretreatment physical examination should include special reference to breast and pelvic organs, as well as

a Papanicolaou smear.

Endocrine and possibly liver function tests may be affected by treatment with MINIQUEN. Therefore, if such tests are abnormal in a patient taking MINIQUEN, it is recommended that they be repeated after the drug has been withdrawn for two months.

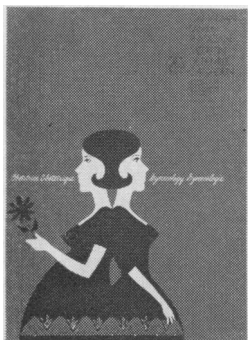
Under the influence of estrogen-progestogen preparations, pre-existing fibroids may increase in size.

DOSAGE AND ADMINISTRATION: Oral contraception with MINIQUEN should be started on the fifth day of the menstrual cycle (counting the first day of flow as Day One). Noting the starting day, one tablet of MINIQUEN is taken daily for three weeks. This is followed by one week without medication when withdrawal bleeding may be expected. When a course of 21 tablets is finished and medication has been stopped for seven days, the next course of 21 tablets should be started. Treatment is continued in this way, three weeks on tablets and one week off.



CANADIAN
FAMILY
PHYSICIAN

MÉDECIN
DE FAMILLE
CANADIEN



Cover design by Burnie Sidon.

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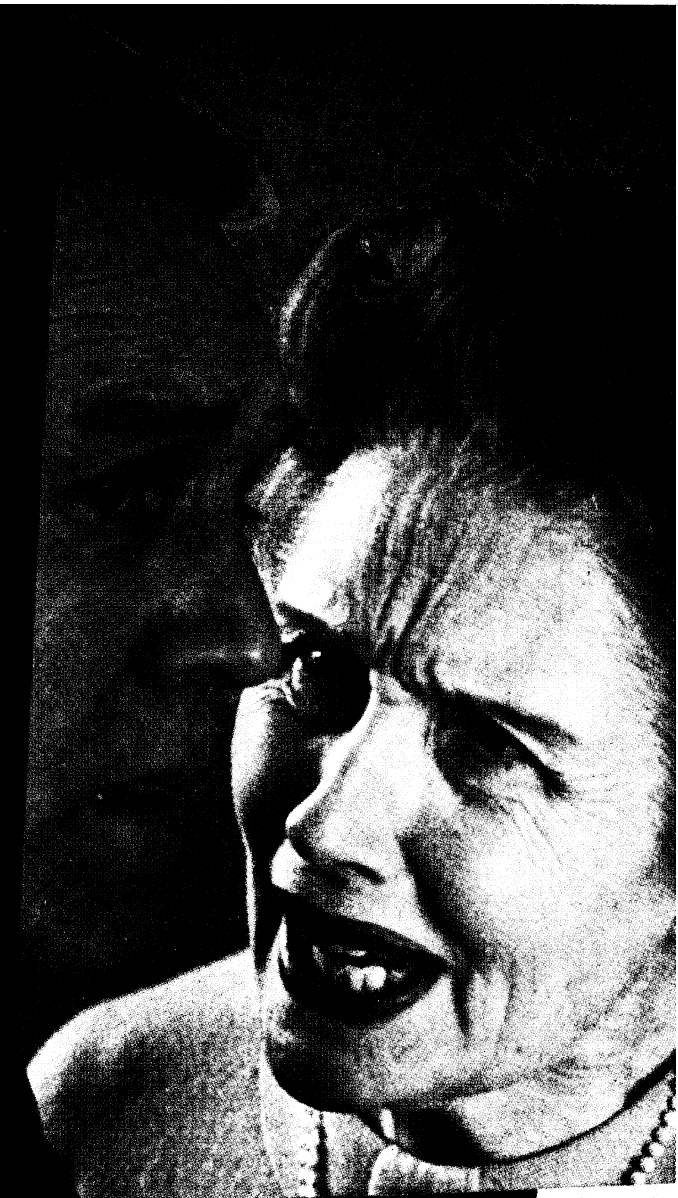
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the "strangler"

PROTOPHYLLINE



These women may
be estrogen deficient.

They needn't be.

Endogenous estrogen deficiency can be a fundamental cause of emotional and physical degeneration in the postmenopausal woman: menstrual irregularities, hot flushes, irritability, depression, nervousness, headaches, low back pain, osteoporosis, atherosclerosis, atrophic skin and muscle changes, senile vaginitis, pruritus and kraurosis vulvae.

But it doesn't have to happen. Many of these aging processes may be minimized or prevented. PREMARIN*—the natural and complete estrogenic complex—acts as a metabolic regulator and exerts a protective effect on many systems, organs and tissues of the female body.

Moreover, PREMARIN has the intrinsic ability to impart a sense of well-being—of vital importance in this period of psychologic adjustment and emotional imbalance.

"If we consider the number of aging changes that take place in the body after estrogen deficiency begins, it would seem logical to treat all women . . . estrogens are as essential to good health as a well balanced diet."—†

PREMARIN

*The Original Conjugated
Estrogenic Substances.*

AYERST LABORATORIES
Division of Ayerst, McKenna & Harrison Ltd.
Montreal Canada
Pharmaceuticals through medical research



MEMBER



†References and complete prescribing information
available on request.

RECOMMENDED DOSAGE *Severe menopausal symptoms* — 1.25 mg daily. If a satisfactory response is not obtained after 3 or 4 days, dosage should be increased to 2.5 or 3.75 mg daily. *Mild or moderately severe menopausal symptoms* — 1.25 mg daily. In some patients 0.625 mg daily will suffice. *To facilitate cyclic therapy, PREMARIN Prem-Paks (1.25 mg or 0.625 mg) provide 4 x 21-day supplies of PREMARIN in circular turn-pack dispensers. Senile vaginitis, kraurosis vulvae, and pruritus vulvae* — 1.25 to 3.75 mg daily or more, depending upon the tissue response.

CAUTION: To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1-week rest period — withdrawal bleeding may occur during this 1-week rest period).

CONTRAINDICATIONS: Estrogens are generally contraindicated in patients with a known malignancy or with a strong family history of cancer.

Pinworms
can be a problem
anywhere.



Pinworms may spread in any family, at any time. Usually a single dose of VANQUIN is effective for eradication of pinworms.

Therapy is well tolerated, economical, and convenient. VANQUIN Suspension or VANQUIN Tablets provide a convenient dosage form to administer to patients of virtually every age...from grandchild to grandmother.

Dosage: Children and adults, a single oral dose equivalent to 5 mg. per Kg. body weight. This is approximately equivalent to one 5-cc. teaspoonful of VANQUIN Suspension or one VANQUIN Tablet for each 22 pounds of body weight.

Precautions: Tablets should be swallowed whole to avoid staining teeth. Pyrvinium pamoate will stain most materials. Stools may be coloured red.

Side Effects: Infrequent nausea and vomiting and intestinal complaints have been reported.

How supplied: VANQUIN is available as a pleasant-tasting, strawberry-flavoured suspension in 1-oz. and 2-oz. bottles; and as sugar-coated tablets in packages of 12, and bottles of 25 and 100.

VANQUIN Suspension contains the pamoate equivalent of 10 mg. pyrvinium base per cc. Each VANQUIN Tablet contains the pamoate equivalent of 50 mg. pyrvinium base. Detailed prescribing information available on request.

VANQUIN

(pyrvinium pamoate, P. D. & Co.)

PARKE-DAVIS

Parke, Davis & Company, Ltd., Montreal 379.

are some of your patients going to waist?



Preludin® Endurets®

phenmetrazine
hydrochloride

prolonged-action
tablets

help your patients stay on their diet

Dosage

One 75 mg or 50 mg Endurets tablet a day taken on arising, or one 25 mg tablet two or three times a day before meals.

Side Effects

Occasionally dryness or unpleasant taste in the mouth. Overstimulation, insomnia and headache have been reported.

Precautions

Use with caution in moderate hypertension and cardiac decompensation. Cases involving abuse and dependence have been reported. Do not exceed recommended dosage.

Contraindications

Severe coronary artery disease, hyperthyroidism, severe hypertension, nervous instability and agitated prepsychotic states. Do not use concurrently with MAO inhibitors.

Full prescribing information is available on request.



Boehringer Ingelheim Products
Geigy (Canada) Limited
Montreal 308, P.Q.

B-5302R-Oct. 1969

Results in one week with Celestoderm-V

(betamethasone valerate)

This infant was suffering from facial eczema. Scrubs, compresses, and hydrocortisone cream had failed to clear the dermatosis; lesions spread to neck, arms, legs and abdomen. Combined therapy with saline compresses and CELESTODERM-V q.i.d. was initiated. Three days later lesions were consider-

ably resolved and in one week almost completely cleared.¹

Another case added to the increasing evidence of CELESTODERM-V's rapid clinical response.^{2,3}

Many cases have responded to *b.i.d.* application of CELESTODERM-V which adds a new measure of convenience. —

One study based on 179 cases produced 94% excellent/good results.⁴

Celestoderm-V/2 (half strength — 0.05%) is among the CELESTODERM-V family from Schering that finds ever-increasing use. — It offers greater patient economy too.

References:

1. Case history and photographs courtesy of Peter Koblenzer, M.D., Philadelphia, Pennsylvania
2. Goldblum, R.: Pennsylvania Med. 69:50-52, 1966.
3. Luscombe, H. A.: Pennsylvania Med. 69:48-49, 1966.
4. Derived from official case report studies, Clinical Research Department, Schering Corporation Limited.

Each gram of CELESTODERM-V Cream and Ointment contains 1 mg. (0.1%) betamethasone 17-valerate. Each gram of CELESTO-

DERM-V Cream with Neomycin, and Ointment with Neomycin, contains 1 mg. (0.1%) betamethasone 17-valerate and 3.5 mg. (0.35%) Neomycin. Each gram of CELESTODERM-V/2 Cream and Ointment contains 0.5 mg. (0.05%) betamethasone 17-valerate.

Dosage and Administration: A small amount applied two or three times daily on the affected skin.

Precautions and Contraindications: CELESTODERM-V and CELESTODERM-V/2 preparations should not be used on patients with tuberculosis of the skin, chickenpox, herpes simplex, and vaccinia. Application in or near

the eyes should be avoided.

Corticosteroids are known to be absorbed percutaneously and in patients under prolonged occlusive treatment the possibility of metabolic effects should be kept in mind.

Full information is available on request and is published in the *Compendium of Pharmaceuticals and Specialties*. Schering Corporation Limited, Pointe Claire 730, P.Q.

*Reg. T.M.

A product of *Schering*

THE UNIVERSITY OF CALGARY

**BANFF SCHOOL OF FINE ARTS
AND CENTRE FOR
CONTINUING EDUCATION**



THE AMERICAN SOCIETY
OF
CLINICAL HYPNOSIS-EDUCATION
AND
RESEARCH FOUNDATION
Co-Sponsored with
THE DIVISION OF
CONTINUING EDUCATION
THE UNIVERSITY OF CALGARY

**"WORKSHOP
ON
CLINICAL HYPNOSIS
AND
PSYCHOTHERAPY"**

with
**SMALL GROUP INSTRUCTION
IN HYPNOTHERAPY
and
SPECIAL PROGRAM FOR WIVES**



**June 26, 27, 28, 1970
Banff School of Fine Arts,
Banff, Alta., Canada**

Synthroid®

(sodium levothyroxine)

Precautions: As with other thyroid preparations, an over-dose may cause diarrhoea or cramps, nervousness, tremors, tachycardia, vomiting and continued weight loss. Medication, in such cases, should be stopped for 2-6 days, then resumed at a lower dose level. In patients with diabetes mellitus, careful observations should be made for changes in insulin or other antidiabetic drug dosage requirements. In cases of adrenal insufficiency, the dysfunction must be corrected prior to and during SYNTHROID (sodium levothyroxine) administration. It should be administered with caution to patients with heart disease.

Contraindications: Thyrotoxicosis, acute myocardial infarction.

Side Effects: Side effects, when they do occur, are secondary to increased rates of body metabolism: sweating, palpitations, leg cramps, and weight loss. Diarrhoea, vomiting, and nervousness have also been observed. Myxoedematous patients with heart disease have died from abrupt increases in dosage of thyroid drugs. Reduction in dosage followed by more gradual upward adjustment will usually result in a more accurate indication of the patient's dosage requirements without the dosage side effects.

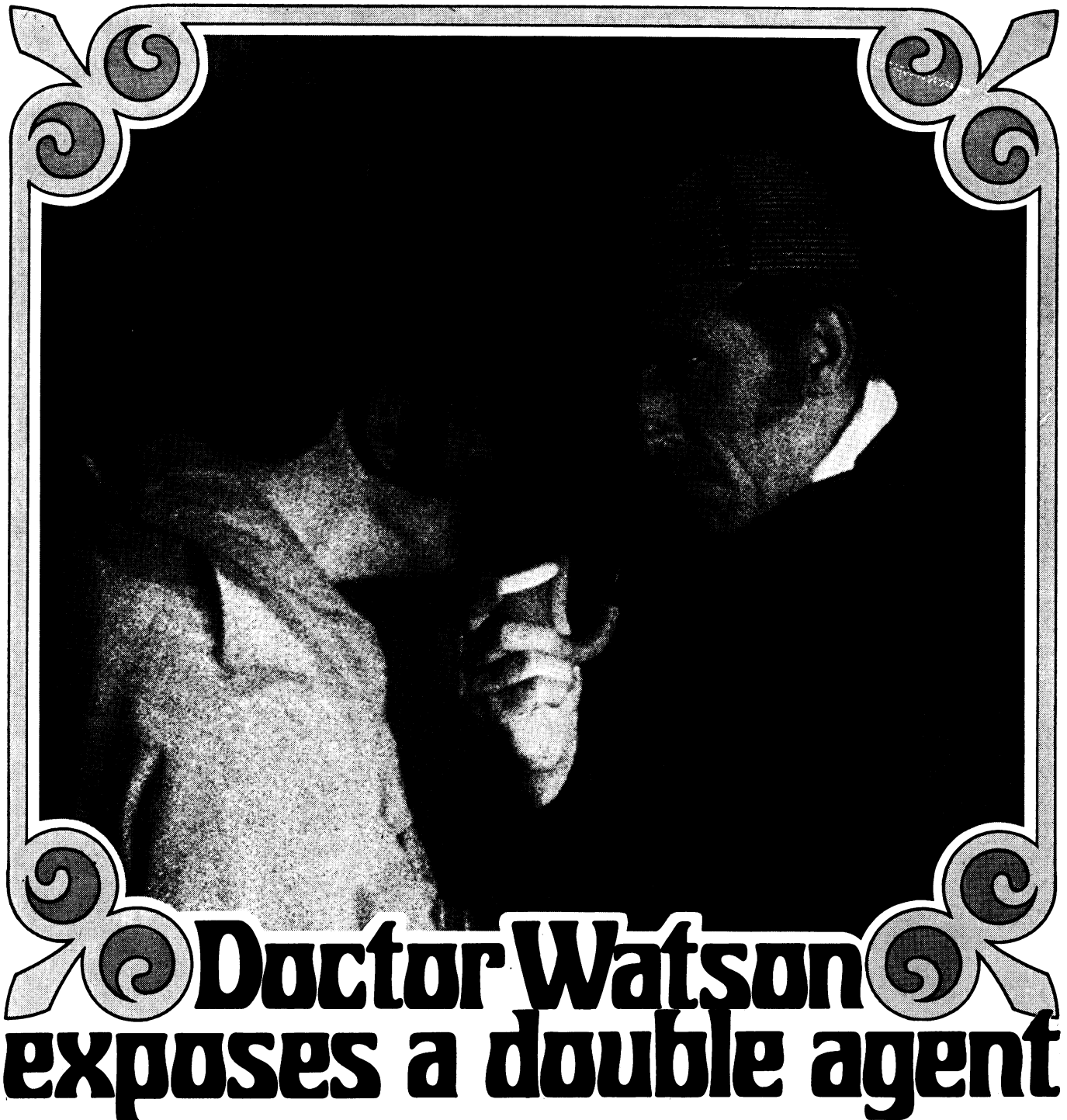
Dosage and Administration: Administer tablets as a single daily dose, preferably after breakfast. In hypothyroidism without myxoedema, the usual initial adult dose is 0.1 mg. daily, and may be increased by 0.1 mg. every 30 days until proper metabolic balance is attained. Final maintenance dosage will usually range from 0.2-0.4 mg. daily. In adult myxoedema, starting dose should be 0.025 mg. daily. The dose may be increased to 0.05 mg. after two weeks and to 0.1 mg. at the end of a second two weeks. The daily dose may be further increased at two-month intervals by 0.1 mg. until the optimum maintenance dose is reached (0.1-1.0 mg. daily). The initial dose for children with cretinism or severe hypothyroidism is the same as for adult myxoedema, but all intervals of change should be made every two weeks.

Supplied: Tablets: 0.025 mg., 0.05 mg., 0.1 mg., 0.15 mg., 0.2 mg., 0.3 mg., 0.5 mg., scored and colour-coded in bottles of 100 and 500. Injection: 500 mcg. lyophilised active ingredient and 10 mg. of Mannitol, N.F., in 10 ml. single-dose vial, with 5 ml. vial of Sodium Chloride Injection, U.S.P., as a diluent.

SYNTHROID (sodium levothyroxine) Injection may be administered intravenously utilising 200-400 mcg. of a solution containing 100 mcg. per ml. If significant improvement is not shown the following day, a repeat injection of 100-200 mcg. may be given.



FLINT LABORATORIES OF CANADA
DIVISION OF TRAVENOL LABORATORIES, INC.
6405 Northam Drive, Malton, Ontario



Doctor Watson exposes a double agent

Fog on the Embankment. Two figures emerge into silhouette against a haloed street lamp. The flare of a match reveals the profile of Sherlock Holmes. As he lights his calabash, his companion speaks:

"By Jove, Holmes, that amazing intuition of yours has proved right again. What we're looking for is a single entity. I thought we were dealing with several others—even twins. But now—I'd say we've uncovered a double agent."

"Tell me more, Watson, and be quick about it!"

(Watson withdraws a folded paper from inside his greatcoat, and reads aloud from it):

"The key to the whole cypher is SYNTHROID (sodium levothyroxine)". . .

"Shhh! Watson, not so loud! You'll alert our quarry."

(Watson continues): "A single entity that serves two functions."

"A master stroke, Watson."

"Follow along, Holmes. In the neighborhood of 95% of the circulating thyroid hormone is levothyroxine— T_4 , as you call it. T_4 is bound to thyroxine-binding proteins in the serum. It becomes available only gradually to tissue cells—as free thyroxine."

"Is that why there's such a smooth, predictable response, Watson?"

"Quite! With agent T_4 , SYNTHROID, the chances of a precipitous rise in metabolic rate are lessened."

"But how does 'free' thyroxine fit into the picture?"

"Well, Holmes, you might call it the tissue thyroid hormone—because 'free' thyroxine (that is, thyroxine not bound to protein) is active at the tissue level. It is gradually released from thyroxine-binding proteins. Each daily dose of SYNTHROID is mostly bound to thyroid-binding proteins, and slowly released as 'free' thyroxine—the form in which it is metabolically active."

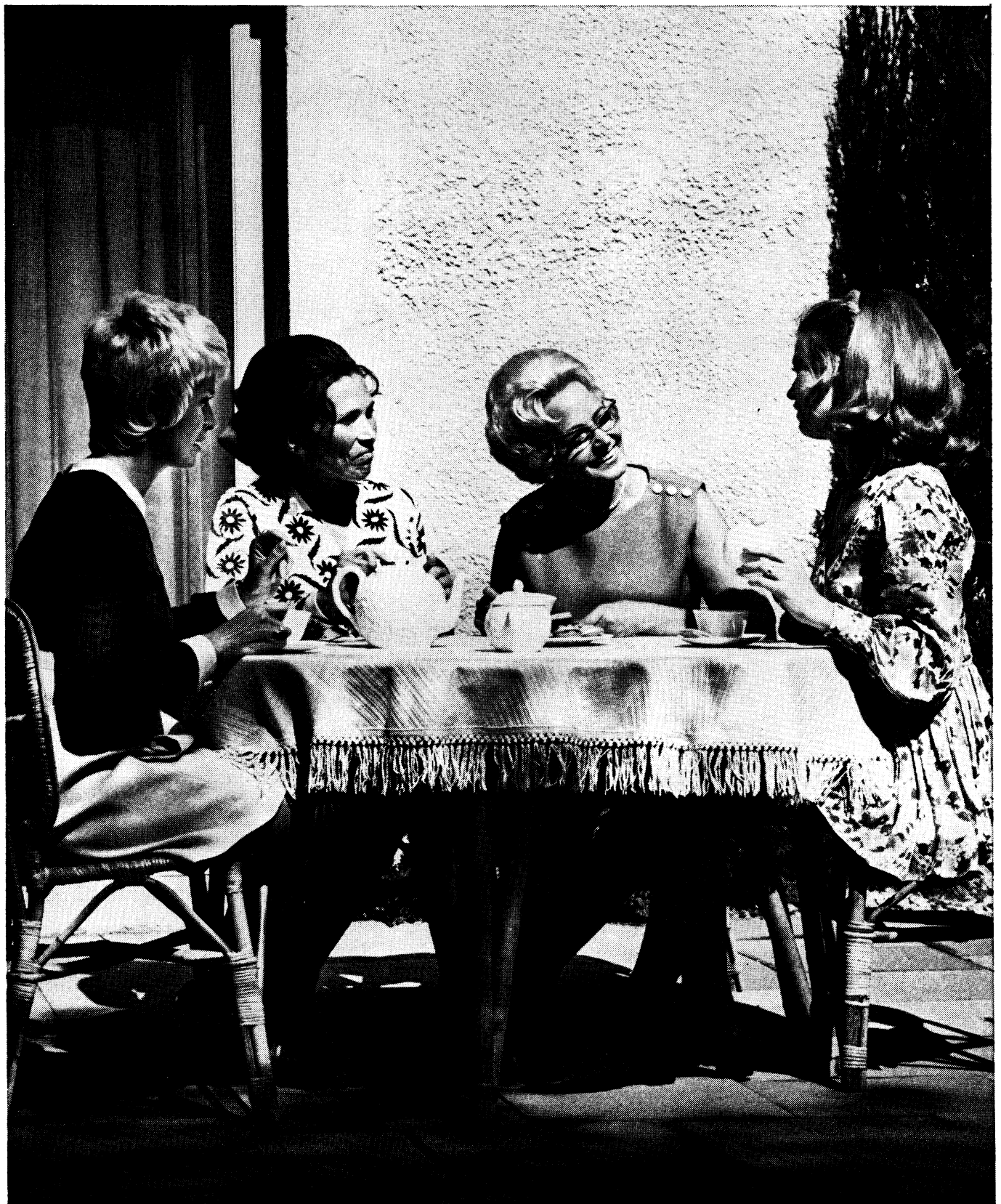
"Magnificent, Watson! So protein-bound thyroxine is the major form of circulating thyroid hormone, and it is released as 'free' thyroxine. And that's why SYNTHROID is able to simulate the normal process so artfully. Q.E.D."

"Not so fast, Holmes. SYNTHROID works for the *physician*, too. Because its dosage is more precisely controllable, and because response is so smooth and predictable, the *doctor* gets fewer phone calls in the wee hours from agitated patients. Both parties get more sleep!"

"Comforting, my dear doctor, to know that SYNTHROID, the 'single agent,' cleverly does the job of two."

Synthroid® (sodium levothyroxine)

In women of all ages...



Bacteria, monilia, trichomonads, alone or in combination respond to AVC.

vaginitis/cervicitis is frequently caused by a combination of organisms.

Treatment for a specific pathogen may not be adequate.



AVC a potent, broad spectrum antimicrobial agent for the treatment of vaginitis/cervicitis.

AVC/Dienestrol a potent, broad spectrum antimicrobial agent with estrogenic activity for atrophic vaginitis complicated by infection.

CONTRAINDICATIONS:

For both products, known sensitivity to sulfonamides; for AVC/-Dienestrol, diagnosis or familial history of carcinoma of the breast or genital tract; palpable uterine fibromyoma; precarcinomatous lesions of the vagina or vulva; fibroadenoma of the breast; depressed liver function.

ADVERSE REACTIONS/PRECAUTIONS:

The usual precautions for topical and systemic sulfonamides should be observed because of the possibility of absorption. Burning, increased local discomfort, skin rash, urticaria or other manifestations of sulfonamide toxicity or sensitivity are reasons to discontinue treatment. The use of AVC/Dienestrol does not preclude the necessity for careful diagnostic measures to eliminate the possibility of neoplasia of the vulva or vagina. Manifestations of excessive estrogenic stimulation through dienestrol absorption may occur. These include uterine bleeding, breast tenderness, exacerbation of menstrual irregularity and provocation of serious bleeding in women sterilized because of endometriosis. Endometrial withdrawal bleeding may occur if use is suddenly discontinued.

DOSAGE:

One applicatorful or one suppository intravaginally once or twice daily. Improvement will often be apparent within a few days, but treatment should be continued until pathogens have been eliminated or a clinical cure has been achieved.

PACKAGE INFORMATION:

AVC and AVC/Dienestrol Cream: Tubes of 4 ounces with applicator. AVC and AVC/Dienestrol Suppositories: Boxes of 12 suppositories with applicator.

Registered Trademark: AVC

Product Information Issued June 1968

AVC Cream (aminacrine hydrochloride 0.2%, sulfanilamide 15.0%, allantoin 2.0%)

Suppositories (aminacrine hydrochloride 0.014 Gm., sulfanilamide 1.05 Gm., allantoin 0.14 Gm.)

AVC/Dienestrol Cream (dienestrol .01%, sulfanilamide 15.0%, aminacrine hydrochloride 0.2%, allantoin 2.0%)

Suppositories (dienestrol 0.70 mg., sulfanilamide 1.05 Gm., aminacrine hydrochloride 0.014 Gm., allantoin 0.14 Gm.)

Merrell

The Wm. S. Merrell Company, Division of Richardson-Merrell (Canada) Ltd., Weston, Ontario.



the
therapy
was
good
while
it
lasted

for potent steroid therapy
that lasts, prescribe

FULL STRENGTH Medrol Topical

in 25 Gm. and 45 Gm. tubes

- strength enough for a rapid response
- ointment enough for uninterrupted therapy

in acute inflammatory skin conditions

Medrol Topical 25 Gm. * \$2.03

25 Gm. of *full-strength* steroid at the price of comparable topical steroids in 15 Gm. tubes – 10 Gm. more to assure adequate therapy.

*Plus Pharmacist's Professional Fee. Prices quoted are published prices as of February 1970.

Administration: Apply initially one to three times daily. Once control is achieved the frequency of application should be reduced to the minimum necessary to avoid relapse.

Cautions: Should not be used in the presence of cutaneous infections due to organisms for which specific therapy is not available. Detailed information is available on request.

Supplied: *Full strength* Medrol Topical in 7.5 Gm., 25 Gm., and 45 Gm. tubes containing 0.25% methylprednisolone in Veriderm skin lipid base. Also available with neomycin as Neo-Medrol Topical in the same sizes and at the same prices.

ideal for maintenance therapy

Medrol Topical 45 Gm. * \$2.65

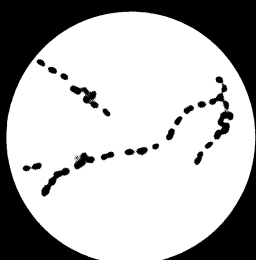
Economical 45 Gm. tube of *full-strength* steroid at the price of most $\frac{1}{4}$ or $\frac{1}{2}$ strength steroids in maintenance-size tubes.

Upjohn

THE UPJOHN COMPANY OF CANADA / DON MILLS, ONTARIO

702 REGISTERED TRADEMARKS: MEDROL, NEO-MEDROL, VERIDERM CL 5,724-1

MEMBER
PMAC



in upper respiratory infections

Lincocin

stops the stealthy strep.

The group A streptococcus is increasingly recognized to possess the insidious ability to persist in spite of apparently adequate penicillin therapy, such persistence appearing in the form of recurrent infections and asymptomatic streptococcal carriers. Effective therapy must then be judged not only

on the disappearance of symptoms, but also on complete eradication of streptococcus. In this respect Lincocin is as effective as penicillin in producing clinical recovery, and as the data below shows, possesses a decisive lead over penicillin in eradicating the streptococcal organism.

a compilation of results of follow-up period of 30-40 days after beginning therapy¹⁻² with:

Penicillin in 369 patients
8.9% recurrent infections
8.1% streptococcal carriers
83.0% total recovery

Lincocin in 358 patients
6.7% recurrent infections
2.2% streptococcal carriers
91.1% total recovery

1. Randolph, M. F., and DeHaan, R. M.: A Comparison of Lincomycin and Penicillin in the Treatment of Group A Streptococcal Infections: Speculation on the "L" Form as a Mechanism of Recurrence. *Delaware Med. J.*, 47:51-62 (Feb.) 1969.
2. Breese, B. B., et al.: Beta-Hemolytic Streptococcal Illness. *Amer. J. Dis. Children*, 112:21-27 (July) 1966.

Indications: Infections caused by Gram-positive organisms which are susceptible to the action of Lincocin, particularly staphylococci (including penicillinase-producing staphylococci), streptococci and pneumococci. Not active against *Streptococcus faecalis*, yeasts, or Gram-negative organisms including *N. gonorrhoea* and *H. influenzae*.

DOSAGE AND ADMINISTRATION:

Adults

Oral* - 1 capsule (500 mg.) 3 or 4 times daily
Intramuscular - 600 mg. (2 cc.) every 12-24 hours
Intravenous - 600 mg. (2 cc.) every 8-12 hours administered as infusion

depending on the severity of the condition, these doses may be increased

Children (over 1 month of age): The dose of Lincocin Syrup* should be calculated to yield at least 15 mg. per pound of body weight per day. Dosage may be increased in severe infections.

*For optimal absorption, administer alone or with nothing but water no later than one-half hour before meals or no earlier than two hours after meals.

Cautions: Generally well tolerated. With oral administration gastrointestinal side effects have been encountered such as loose stools or diarrhoea, nausea, vomiting and abdominal cramps. Other minor side effects have been observed infrequently. Side effects such as neutropenia and/or leukopenia and hypersensitivity reactions have been observed on rare occasions.

Pending further clinical experience, Lincocin is not recommended in the newborn, in the prophylaxis of a recurrence of rheumatic fever, and in patients with pre-existing kidney, liver, endocrine or metabolic diseases. Although there is no evidence of ill effects in either the mother or fetus, as with all new drugs Lincocin should be used with customary caution in pregnant women. Detailed information is available on request.

available as:

Lincocin Capsules: Each capsule contains lincomycin hydrochloride monohydrate equivalent to 500 mg. lincomycin base, in bottles of 12 and 100.

Lincocin Sterile Solution: Each cc. contains lincomycin hydrochloride equivalent to 300 mg. lincomycin base, in 2 cc. and 10 cc. vials.

Lincocin Syrup: Each 5 cc. (teaspoonful) contains the equivalent of 250 mg. lincomycin base (from lincomycin hydrochloride monohydrate). Bottles of 30 cc. (with calibrated dropper), 60 cc. and 16 oz.

U.S. PAT. 3,111,111; 3,111,112; 3,111,113; 3,111,114; 3,111,115; 3,111,116; 3,111,117; 3,111,118; 3,111,119; 3,111,120; 3,111,121; 3,111,122; 3,111,123; 3,111,124; 3,111,125; 3,111,126; 3,111,127; 3,111,128; 3,111,129; 3,111,130; 3,111,131; 3,111,132; 3,111,133; 3,111,134; 3,111,135; 3,111,136; 3,111,137; 3,111,138; 3,111,139; 3,111,140; 3,111,141; 3,111,142; 3,111,143; 3,111,144; 3,111,145; 3,111,146; 3,111,147; 3,111,148; 3,111,149; 3,111,150; 3,111,151; 3,111,152; 3,111,153; 3,111,154; 3,111,155; 3,111,156; 3,111,157; 3,111,158; 3,111,159; 3,111,160; 3,111,161; 3,111,162; 3,111,163; 3,111,164; 3,111,165; 3,111,166; 3,111,167; 3,111,168; 3,111,169; 3,111,170; 3,111,171; 3,111,172; 3,111,173; 3,111,174; 3,111,175; 3,111,176; 3,111,177; 3,111,178; 3,111,179; 3,111,180; 3,111,181; 3,111,182; 3,111,183; 3,111,184; 3,111,185; 3,111,186; 3,111,187; 3,111,188; 3,111,189; 3,111,190; 3,111,191; 3,111,192; 3,111,193; 3,111,194; 3,111,195; 3,111,196; 3,111,197; 3,111,198; 3,111,199; 3,111,200; 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one, two, three, four, five,
six, seven, eight, nine, ten,
eleven, twelve, thirteen,
fourteen, fifteen.

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the first rapid-screening
pregnancy test based
on a color urine reaction
(rather than agglutination)

Early pregnancy may be unknown to the patient; undetected by the physician. Since pregnancy is a time for caution in drug therapy and, often, a guide to drug regimen, the use of a rapid, reliable, economical screening procedure for *all* female patients of childbearing age is clearly in the best interest of physician and patient alike.

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Quick: A yes-or-no answer in 20 seconds; *6 times faster* than any test available.

Reliable: Up to 95% accuracy in non-pregnant patients and up to 90% accuracy in pregnant patients, demonstrated in clinical tests.^{1,2} High specificity reduces false positives to a minimum.

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Economical: Approximately *one-third the cost* of any other test available.

No special training or equipment: Self-contained kit; requires no centrifuging or incubation. The procedure is easily learned by your aide.

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1. Roland, M.: A Rapid Screening Test for Pregnancy. *Ob/Gyn Dig.*, 12:28-32, Jan. 1970. 2. Saxe, I.: Assistant Clinical Professor, New York Medical College. Personal Communication.

How well do you know the patient within?

Traditionally, the physician obtains information about health status from symptoms described by the patient, the case history, laboratory test results and findings observed during the physical examination.

Even today, urinalysis is the laboratory procedure used most widely to help assess health status. Urinalysis can provide valuable information about physiological processes at the cellular level, to support your clinical decisions.

A new, comprehensive urinalysis information system.

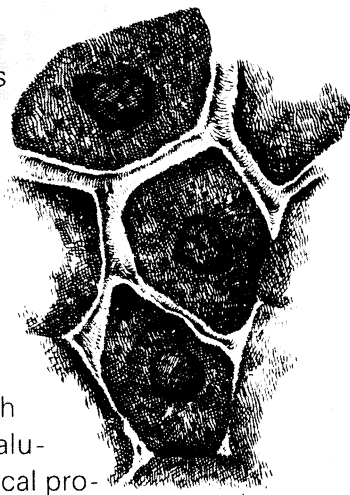
Broader in scope than any other reagent strip, BILI-LABSTIX yields significant information about *urinary tract and kidney status, carbohydrate metabolism, liver and biliary tract status*. BILI-LABSTIX provides qualitative measures for: urine pH, protein, glucose, ketones, bilirubin, and blood.

All in just 30 seconds, while the patient is in the office.

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Whenever you see
Mr. Thatcher,
he's playing solitaire.
He prefers bridge.

Mr. Thatcher is a good man. And a cheerful one. But people shy away from him. He has paralysis agitans. Not very pleasant to be around.

There's no drug to cure his disease, but there is something that can control the symptoms, and make life a little less shaky. ARTANE Trihexyphenidyl HCl.

It would be nice to see Mr. Thatcher enjoying a foursome again.

ARTANE—Fundamental in the total management of Parkinson's disease.

Dosage: Parkinsonism—1 mg. first day increasing the dose by 2 mg. increments at intervals of 3 to 5 days, until a total of 6 to 10 mg. is given daily. Drug-induced Parkinsonism—Daily dosage ranges from 5 to 15 mg., although some patients have been controlled on 1 mg. daily.
Availability: Tablets 2 mg. and 5 mg., scored, white. Sustained release Sequels® 5 mg., blue. Elixir 2 mg./5 cc., lime flavoured. For additional information pertaining to Side Effects, Dosage and Administration, see Vademecum International, Compendium of Pharmaceuticals and Specialties or write for Official Brochure.

Artane®

Trihexyphenidyl HCl Lederle

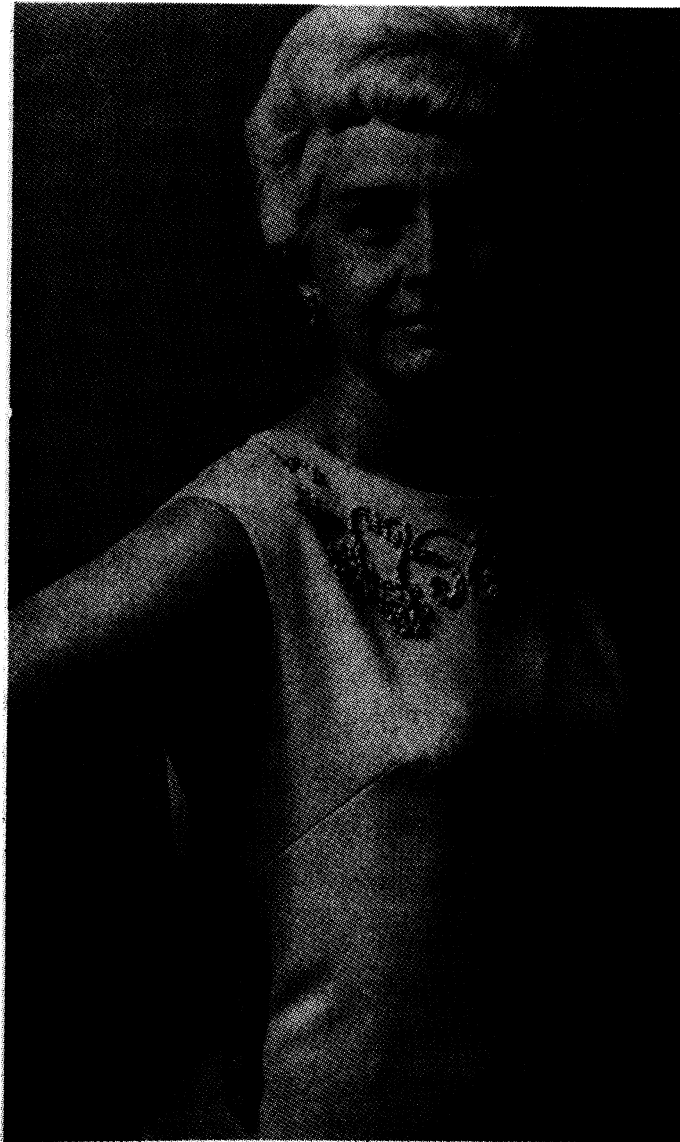


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Montreal

Problem 1

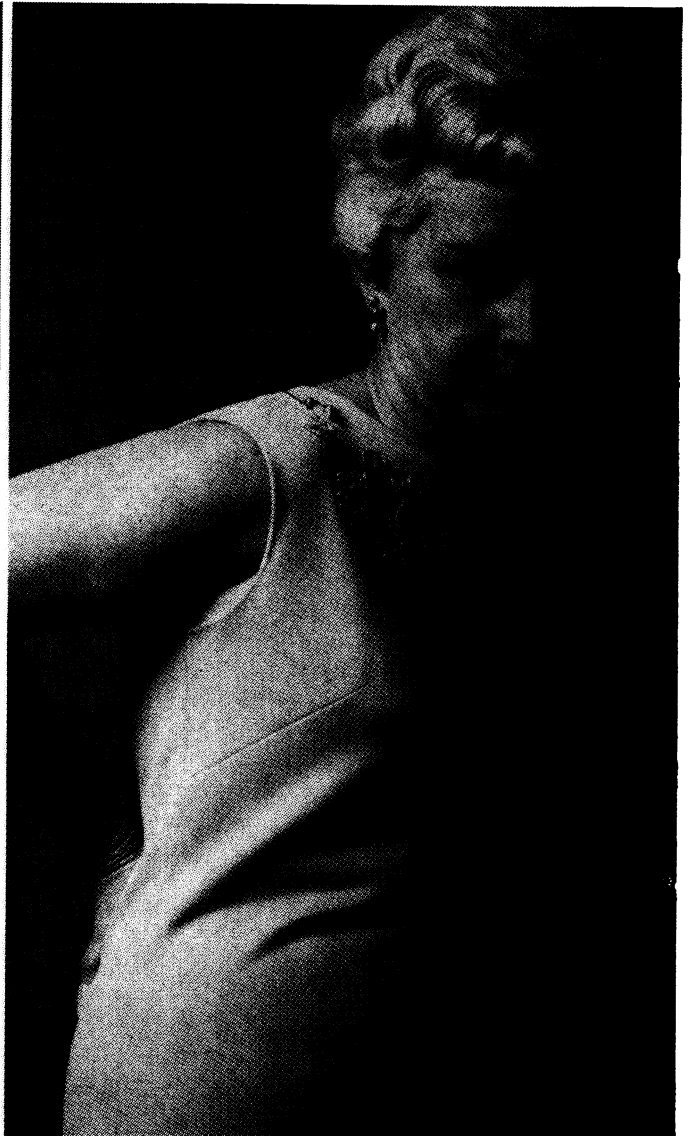


*She is just over
the menopause
and now*

LOW BACK PAIN

*(of undetermined origin) could be
the sign of new troubles ahead.*

Problem 2



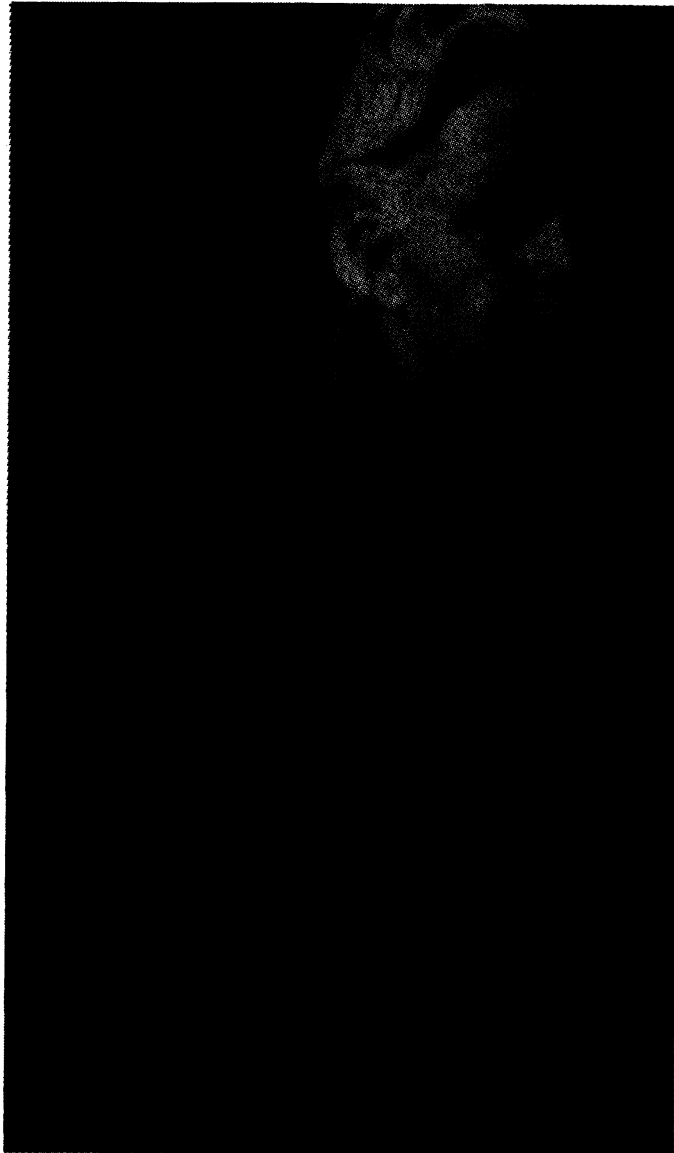
Low back pain could
be the beginning of
OSTEOPOROSIS

At 50?

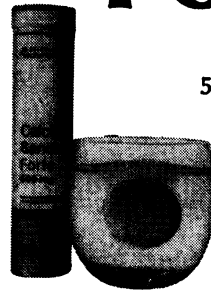
Yes, because "adults appear to
begin losing calcium about 40."¹

Problem 3

The Answer



Calcium-Sandoz[®] Forte



500 mg EFFERVESCENT TABLETS

A tablet in a glass of water provides calcium which is:

- fully ionized
- phosphorus free
- pleasant tasting
- highly concentrated
- quickly absorbed

WHAT CAN CALCIUM-SANDOZ FORTE DO FOR YOUR PATIENTS?

RELIEVES lowback pain (of undetermined origin)

HELPS check the progress of osteoporosis, thus preventing fractures.

RESTORES a positive calcium balance and adds to bone density.

15 years later **FRACTURES**

Majority of osteoporotic patients exhibit a negative calcium balance.^{2,3,4,5}

In the United States alone, it is estimated that 3 to 4 million women sustain hip and spine fractures resulting from OSTEOPOROSIS.⁶

DOSAGE

To relieve back pain and to prevent osteoporosis: One Calcium-Sandoz Forte 500 mg. effervescent tablet (in a glass of water) daily.

Treatment of osteoporosis: Four Calcium-Sandoz Forte 500 mg. effervescent tablets daily or two tablets daily and a high calcium diet. After a few months, the dosage may be reduced by one half but the high calcium diet must be maintained.

SANDOZ
DORVAL, QUÉBEC

Calcium-Sandoz[®] Forte

COMPOSITION: Calcium-Sandoz Forte — Each effervescent tablet contains 2.940 g. calcium lactate-gluconate and 0.30 g. calcium carbonate (equivalent to 500 mg. elemental calcium or 16 tablets of calcium gluconate 5 gr.). Calcium-Sandoz-Syrup — a highly concentrated form of calcium gluconogalactogluconate. 1 teaspoonful is equivalent to 110 mg. elemental calcium.

PRESENTATION: Calcium-Sandoz Forte Effervescent Tablets — tubes of 20; Calcium-Sandoz Syrup — bottles of 8 and 80 ounces.

PRECAUTIONS: Occasional diarrhea has been reported with high doses of Calcium-Sandoz. In other patients, high calcium intake is an occasional cause of constipation. If this reaction occurs, Glyssennid is recommended for a gentle but thorough laxative action. When calcium is administered by the parenteral route, the possibility of enhancement of toxicity due to digitalis compounds should be kept in mind. If the patient has a history of colinephritis, the administration of calcium should be accompanied by abundant intake of acidulous liquids such as fruit juices to avoid hypercalciuria. Calcium should be used with caution in patients with cardiac or renal failure. Calcium is contraindicated in patients with a history of lithiasis and hypercalcemia. For diabetic patients, consideration should be given to the sucrose content of 0.74 g. per tablet of Calcium-Sandoz Forte and 1.05 g. granulated sugar per teaspoon of Calcium-Sandoz Syrup. For patients on a restricted sodium intake, it should be noted that Calcium-Sandoz Syrup is sodium free and Calcium-Sandoz Forte contains 291.8 mg. elemental sodium in each tablet.

References — 1 Hegsted, D. M.: J.A.M.A., Medical News, 201:6, 46 (August) 1967. 2 Principles of Internal Medicine: ed. Harrison, T. R. et al, Section 3, Chap. 78. Osteoporosis: Reifenshtein, E. C., Jr., p. 706, 1962, 4th edition. 3 Principles of Internal Medicine: ed. Harrison, T. R. et al, Section 12, Chap. 227. Osteoporosis: Rich, Clayton, p. 1339, 1966, 5th edition. 4 Cecil-Loeb Textbook of Medicine: ed. Beeson and McDermott, 12th edition, W. B. Saunders & Co. Philadelphia 1967. Diseases of the Bone: Robert P. Heaney, "The Osteoporoses", 1370-1375. 5 Jowsey, Jenifer (Mayo Clinic): Modern Medicine of Canada, February 1966, p. 57-64. 6 Smith, Richard, W. Jr.; J.A.M.A., Medical News, 200:5, 31 (May) 1967.

Full product information is available upon request.

SANDOZ
DORVAL, QUÉBEC

GP Shortage: College Featured

In a feature article on the shortage of doctors in rural Ontario, the *Toronto Daily Star* recently described College efforts to attract more medical students into family practice and into rural areas.

Two members of the College, Ontario Chapter president, Dr. Jim Leeson, and Dr. Ralph Wylie were interviewed by the *Star* during their task force report on the shortage of GPs. Dr. Leeson was pictured examining a child during a home visit and alighting from the plane which he flies to reach patients in remote parts of the Bruce Peninsula. Dr. Leeson stressed the challenge of rural practice: "You have to give them more than medicine—make them feel important." Dr. Wylie deplored the fact that only 25 percent of Canada's family doctors are members of the College: "It should be higher. All members must take 100 hours of courses over two years. You don't if you're not a member. Most of these fellows feel they can go on year after year doing a good job. You can't. You have to take courses."

The article lists the 44 areas in Ontario which are critically short of family doctors. Dr. William Copeman of the Ontario Department of Health outlined the disadvantages of being the only doctor in a community: "Sometimes when you're free to take your wife to a party, you're so tired that you fall asleep, or you're called away." However, says Dr. Copeman, the advantages are many: "You become totally involved in the lives of the people in the community. You are needed and respected. You and your family can enjoy a desirable style of life which is not possible in the city."

The article quotes patients living in communities where there are no doctors, and describes efforts by the Ontario Government to provide financial incentives for doctors to set up practice in rural areas. It also describes recent advances in medical education and methods of re-education which will allow doctors to take courses and receive information on new advances without having to leave their practices.

Halifax—Scene of Annual Assembly

July 1970

THE 1970 ANNUAL SCIENTIFIC ASSEMBLY of the College of Family Physicians of Canada will take place in the beautiful city of Halifax—Nova Scotia's capital. Halifax, for many years the principal holiday town in Canada, will provide a relaxing background for the Assembly and can offer something of interest to all its visitors.

Besides the ever-popular attractions of sun, sea and golden beaches, Halifax has much to offer the visitor interested in Canada's history.

Present-day Halifax also has much to offer, with its wonderful seafood restaurants and modern shopping centres. There is much in the way of entertainment, from the six movie theatres to Canada's only professional repertory company at the Neptune Theatre. There is harness racing at Sackville Downs. There's much to be seen in the City's museums, especially the Maritime Museum on the waterfront, where you will find the facts of Nova Scotia's special history of seafaring recorded.

Fishing and sailing are, of course, the favorite sports of visitors to Halifax, and equipment for both can be hired very reasonably. Many visitors hire yachts to explore the beautiful coastline around Halifax, visiting the old fishing villages which still retain an air of tranquility even though they are within easy distance of the bustling capital. In some of these villages, Gaelic is still a traditional language, reflecting the ancestry that still inspires Highland Festivals, in full traditional dress, every summer.

Halifax is easily reached by air or overland from almost any point in Canada, and there is excellent accommodation to be had in the city. Any information can be quickly obtained from the Halifax Visitors and Convention Bureau, Halifax, Nova Scotia.

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therapy is
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Dependable and uniform oral
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Effective against most com-
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tococci, and staphylococci.

Effective against *all* staph
infections. (penicillin G-resis-
tant as well as sensitive).



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ORBENIN (cloxacillin) PRESCRIBING INFORMATION

INDICATIONS: Most commonly encountered gram-positive infections, including mixed gram-positive infections and those of unknown cause; beta-hemolytic streptococcal and pneumococcal infections.

All staphylococcal infections (sensitive and resistant).

In severe staphylococcal infections, (septicemia, osteomyelitis, endocarditis, pneumonia, and staphylococcal infections complicating diabetes melitus) or when staphylococcal infections are suspected and treatment is required before confirmation of sensitivity tests, therapy should begin with ORBENIN Injectable. ORBENIN Oral may be administered at the same time or following the acute phase.

CONTRAINDICATIONS: Allergy to penicillin.

PRECAUTIONS: The drug should not be administered until inquiry has been made to ensure that the patient has had no previous allergic reactions to penicillin. There are no effective and safe skin tests which will predetermine the likelihood of an anaphylactic reaction occurring with the subsequent administration of penicillin. As with any antibiotic, prolonged use and treatment with high doses may result in overgrowth of nonsusceptible organisms, including fungi.

Penicillin G does not normally cross the blood brain barrier to any extent except when the meninges are inflamed, or are made abnormally permeable as during cardiopulmonary bypass procedures (by yet unknown factors). In these cases and in patients with impaired renal function, or in elderly patients, if massive doses of penicillin G are administered, the drug may reach levels in the

for these additional reasons:

Bactericidal — not bacteriostatic.

One of the most economical medium-spectrum antibiotics.

Practical for hospital as well as office use.

Recommended for mixed gram-positive infections before organisms are identified.

Effective blood levels — within 30-60 minutes.

No dose-related toxicities — doses may be safely increased if required.

cerebrospinal fluid of approximately 12 u/ml or over which may induce myoclonia, convulsive seizures, and depressed consciousness. Unless therapy is stopped or the dosage reduced, this syndrome may progress to coma and death. Accordingly, if massive doses are used (greater than 20 million units parenterally daily) renal function must be carefully monitored.

ADVERSE REACTIONS: As with penicillin G, the following reactions may occur occasionally: skin rashes, nausea, loose stools, moniliasis, eosinophilia, angioneurotic edema, and, rarely, anaphylactoid reactions.

ORAL DOSAGE: Adults: Mild to moderate infections: 250-500 mg q.6.h.

Preferably taken one hour before meals. Maintain therapy for a minimum of 5 days. Dosage may be doubled for severe infections. Children: Up to 5 kg (11 lb) body weight:

250 mg/day.†

Over 5 kg (11 lb) up to approximately

40 kg (85 lb) body weight:

50 mg/kg/day.†

†The total daily dosage must be divided into four doses, one given every six hours.

INJECTABLE DOSAGE: See Package Insert.

AVAILABILITY: ORBENIN Capsules (black/orange dry powder capsules) 250 mg and 500 mg. ORBENIN Liquid 125 mg cloxacillin per teaspoonful (5 ml) when reconstituted. ORBENIN Injectable 250 mg, 500 mg, and 2000 mg cloxacillin per vial. Further information and references are available on request.

*T. M. Reg'd.

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cottage hospital with X-ray equipment, ready access to pathological laboratories and the help of ancillary staff. Such an environment provides adequate scope for a well-trained doctor to undertake about 50 percent of the hospital needs of the community he or she serves, and with specialist support this can be increased to over 60 percent. The Porritt Report on hospitals has suggested that cottage hospitals are non-viable institutions and I believe that it is unfortunate that successive Ministers of Health have accepted this opinion. The Porritt report was prepared largely by medical men who were associated with large hospitals and this greatly influenced their judgment. Further, in some cottage hospitals, the beds were not utilized to good advantage. Perhaps the better trained family doctors of the future will show the enterprise required for such hospitals to play an important part in the hospitalization needs of the community in which they are situated and thus convince the administrators and politicians, both lay and medical, of the need for their retention.

The apparent decay of general practice after 1948 was deeply resented by many. Fortunately, a few like Dr. John Hunt and Dr. Fraser Rose took up arms and formed what was then called the College of General Practice. The initial response to their appeal was satisfactory but not overwhelming. They did succeed, however, in collecting an enthusiastic band of followers and, throughout the whole country, faculties of the College were formed. There is no doubt that the College of General Practice has played a very important part in creating a reorientation of thought concerning family practice. It was a well-deserved honor when the Queen granted the College a Royal Charter.

The fight for recognition that general practice must remain an integral part of the profession has been won but the method and what is required for the complete re-establishment of family practice is still to be decided. It is the sincere hope of all who have made this branch of medicine their special

concern that the recent Todd Report on the future education of the doctor will be fully implemented. This report suggests that the basic postgraduate hospital training of all medical graduates will be three years and, for those who select general practice as a career, this will be followed by two years of attachment to family doctors. This extensive training will require much financial re-adjustment of the junior hospital grades and will necessitate the provision of married quarters in all hospitals. It could also involve a re-adjustment of the present concept of hospital organization. The end result so far as general practice is concerned is that the new entrants will be very much better trained than many of us in the past and they ought to be able to play a more important part in the scientific progress of medicine.

Responsible Medical Work

These well-trained and not so very young men must be provided with the facilities to undertake responsible medical work otherwise their extensive training would be a colossal waste of time and money. Further, if their demands are not met the present emigration from Britain is but a minuscule of what will happen in the future. The Porritt Report suggests an increase in the number of part-time appointments in hospitals; but these have already proved unsatisfactory and it is highly improbable that the number of posts that could be created would be sufficient to satisfy the needs of this new band of recruits to general practice. This is the problem that will need to be solved in the very near future.

Since 1948, the number of new hospitals constructed have been few but vast sums have been spent in reconstruction of the old buildings and equipment. More important, however, the number of medical and lay personnel employed in hospitals has been greatly increased and a career structure for this staff has been established. It could be said that the existing hospitals resolve themselves into one of two types. There is the teaching and a very few highly-specialized hospitals which are geared to under-

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For symptomatic treatment of

**sprains
strains
contusions
muscular lesions
dislocations
fractures**

Dosage

Medical Indications

Initial: 400-600 mg (4-6 tablets) daily, in divided doses, for 2-3 days. **Maintenance:** minimum effective dose, usually 100-300 mg (1-3 tablets), but not over 400 mg (4 tablets) daily, in divided doses.

Surgical Indications

400-600 mg (4-6 tablets) in divided doses during the 24 hours before operation. 300-400 mg (3-4 tablets) daily, in divided doses, for 3-4 days after operation, commencing as soon as oral medication can be resumed.

Side Effects

Serious reactions are uncommon. Occasionally, gastric disturbances (minimized by taking Tandearil with milk or at meal times), moderate sodium and water retention, or mild skin rashes.

Precautions

Routine blood counts before and periodically during therapy. Patient should report immediately any fever, sore throat, mouth lesions, tarry stools or sore glands.

Contraindications

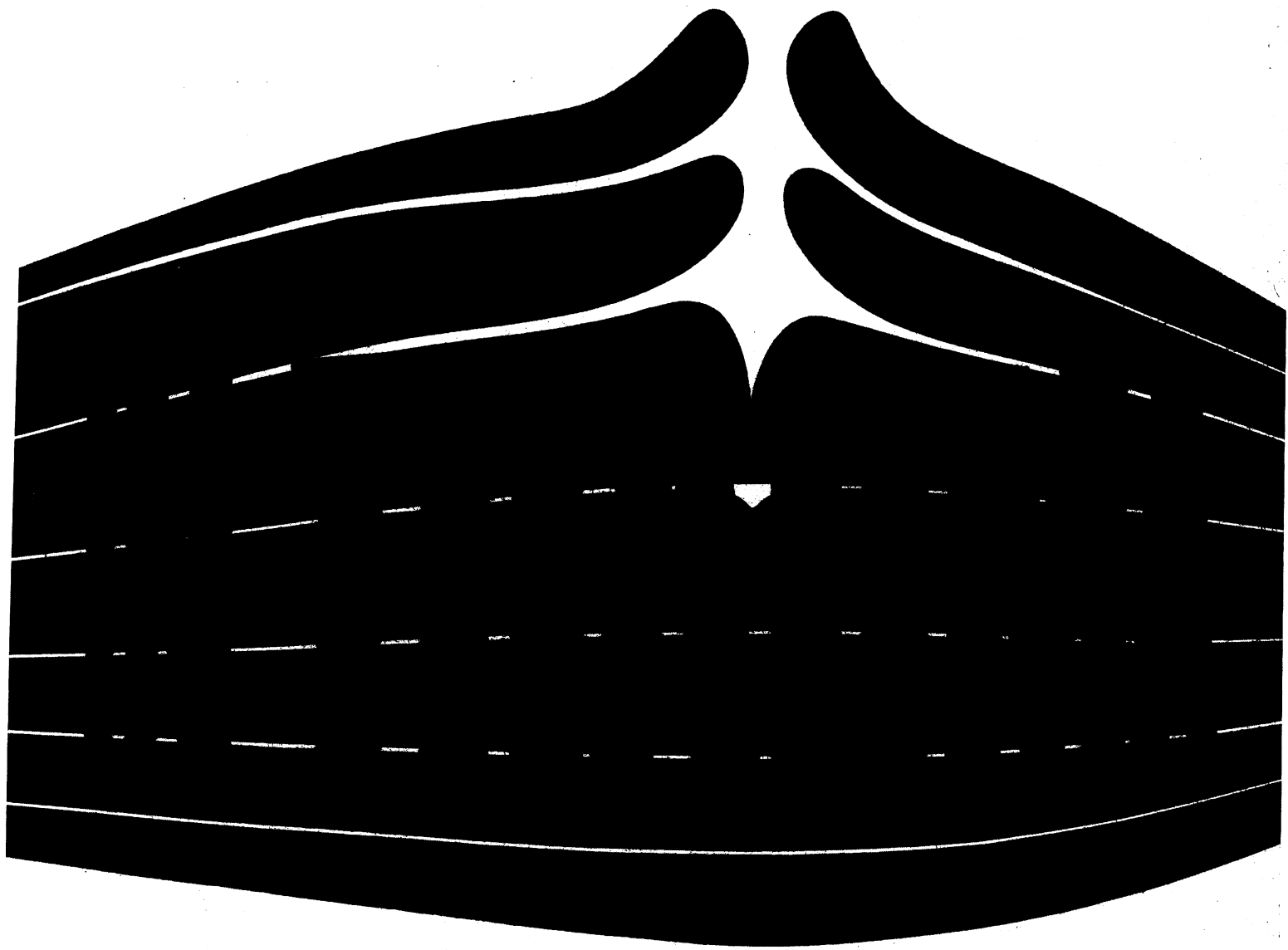
History of drug allergy, peptic ulcer, diverticulitis, or blood dyscrasia. Severe cardiovascular, hepatic or renal disease, or hypertension. Clinical edema.

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Tandearil, 1-phenyl-2-(p-hydroxyphenyl)-3,5-dioxo-4-n-butylpyrazolidine-monohydrate, is supplied as 100 mg light brown-coated tablets.

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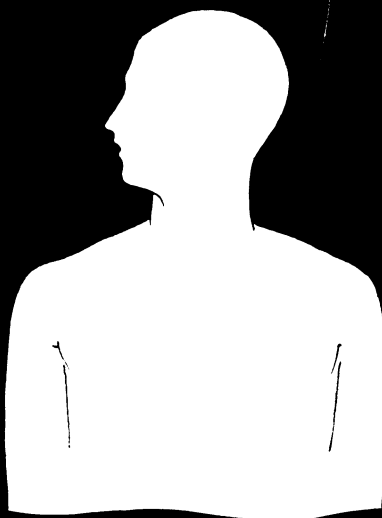
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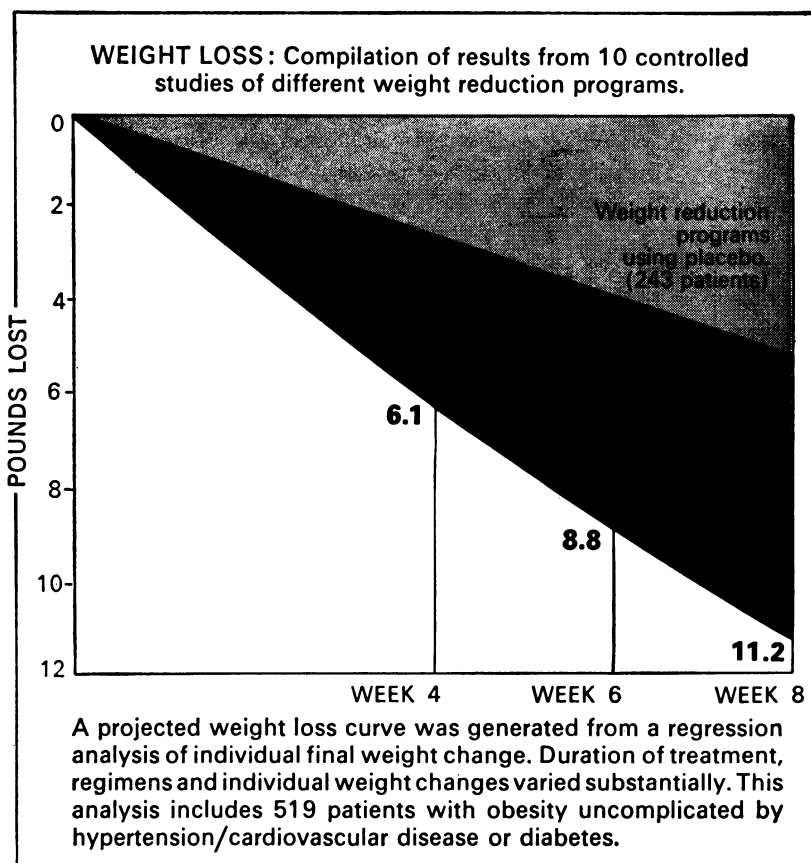
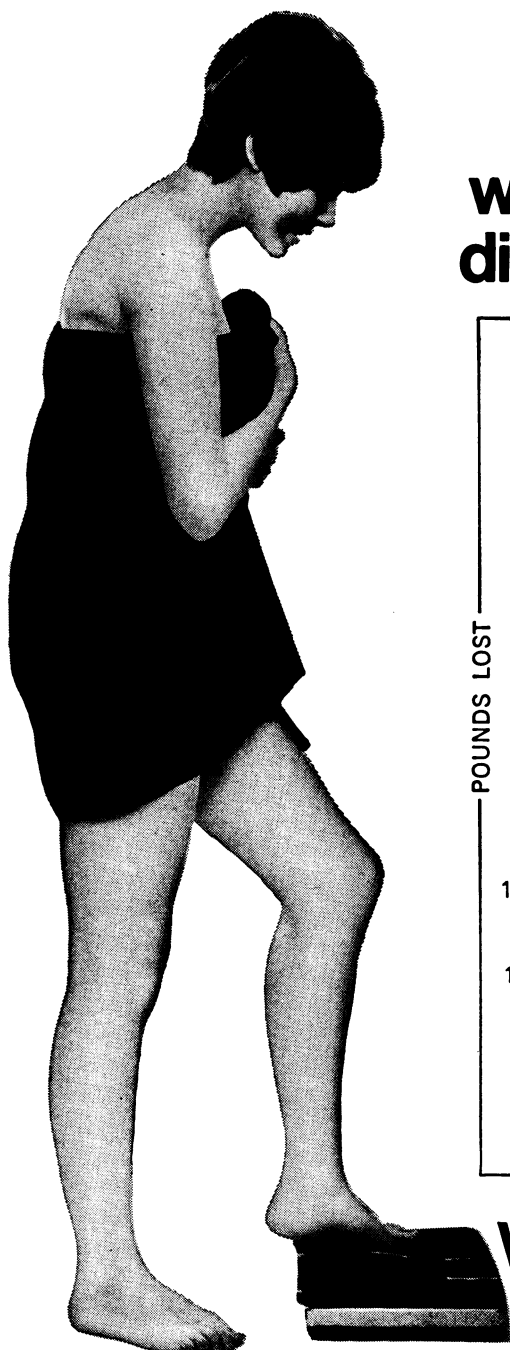


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Composition: Tenuate Tablets: Each light blue tablet contains 25 mg. of diethylpropion hydrochloride, a sympathomimetic agent. Tenuate Dospan: (diethylpropion hydrochloride, continuous release tablets). Each capsule-shaped white tablet contains 75 mg. of diethylpropion hydrochloride, a sympathomimetic agent combined with a special hydrophilic matrix.

Contraindications: Concurrently with MAO inhibitors; in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to

occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhoea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and

leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of Two Dosage Forms: Dospan tablets: One 75 mg. continuous release tablet daily, swallowed whole, in midmorning. 25 mg. tablets: One 25 mg. tablet three times daily, one hour before meals, and in mid-evening if desired to overcome night hunger. Use in children under 12 years of age is not recommended.

Full Prescribing Information available on request.

Product Information Issued November, 1968.

References: 1. Reports on file, Medical Research Department, The Wm. S. Merrell Company, Division of Richardson-Merrell Inc., Cincinnati, Ohio. 2. Petersen, A.E.: Ugeskr. Laeg. 123:188, 1961.

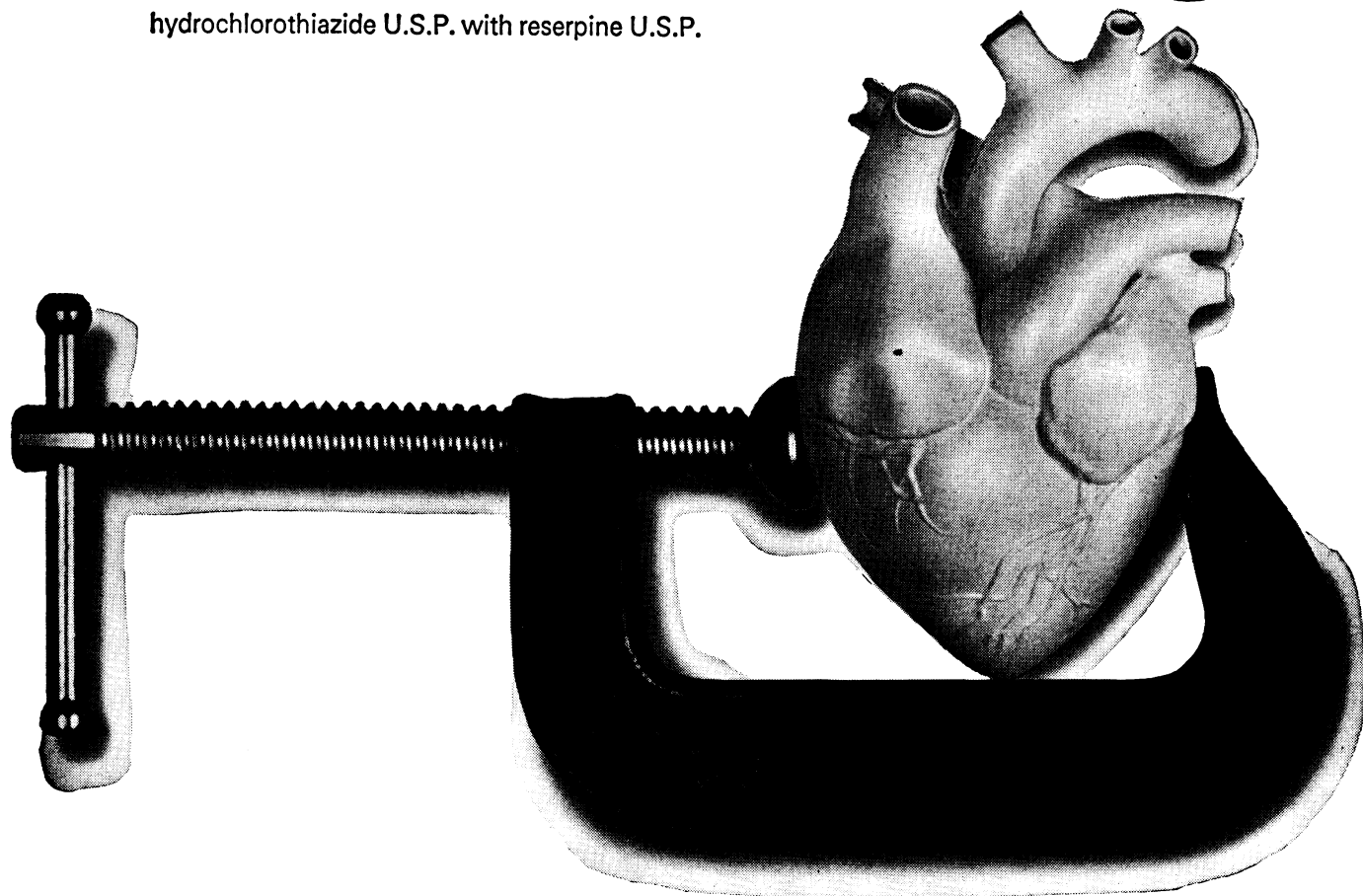


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HYDROPRES*

hydrochlorothiazide U.S.P. with reserpine U.S.P.



**unwinds
the hypertensive
pressures**

HYDROPRES* is gentle. It is used as first line therapy alone or with other antihypertensive agents for the control of mild to severe hypertension.

HYDROPRES* is a simple preparation—a basic formulation of reserpine and hydrochlorothiazide for a smooth, gentle drop in blood pressure and alleviation of emotional stress.

HYDROPRES* is good starting therapy . . . good maintenance therapy too.

Start with HYDROPRES* and your hypertensive patients may not need anything stronger.

Indications: HYDROPRES* tablets are indicated in mild to severe hypertension. The combined use of hydrochlorothiazide and reserpine will sometimes reduce the blood pressure when either compound alone is without effect. Particularly in patients with sodium and water retention, HYDROPRES* helps to correct fluid imbalance. It produces mild sedation that is tranquilizing but not hypnotic, thus helping to control emotional fluctuations of blood pressure. It counteracts tachycardia that may accompany high blood pressure, permits less rigid dietary salt restriction, and when the anginal syndrome accompanies high blood pressure, it may become less severe or even disappear with control of the hypertension. In many cases, even of severe degree, HYDROPRES* alone may control the blood pressure. If a greater antihypertensive effect is required, more potent drugs can be added in comparatively small dosage and with smoother control.

Dosage Summary: The usual adult starting dosage ranges from 25 mg. o.d. to 50 mg. b.i.d., per os, increased or decreased according to the blood pressure response of the patient.

Contraindications: Anuria; discontinue if increasing azotemia and oliguria occur during treatment of severe progressive renal disease; electroshock therapy; at least seven days should elapse between discontinuance of reserpine and initiation of electroshock therapy; in persons known to be sensitive to hydrochlorothiazide.

Warnings: Special caution is necessary in patients with impaired renal function to avoid cumulative or toxic effects. Use caution in hepatic cirrhosis. Dosage of other antihypertensive agents, especially the ganglion blockers, must be reduced by at least 50 per cent as soon as hydrochlorothiazide is added to the regimen. A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical, and should be discontinued if gastrointestinal disturbances occur.

Precautions and Side Effects: *Hydrochlorothiazide:* Check carefully for signs of fluid and electrolyte imbalance. Serum and urine electrolyte determinations are important when patient vomits excessively or is receiving parenteral fluids or electrolyte intake is inadequate. Although potassium loss usually is not excessive, hypokalemia may develop, especially with brisk diuresis, in severe cirrhosis, or concomitant corticosteroid or ACTH administration. Hepatic coma may be precipitated. Hypokalemia may precipitate digitalis toxicity. Hypochloremic alkalosis occurs infrequently and is rarely severe. Unduly restricted dietary salt may complicate thiazide therapy. Hypokalemia may be avoided or treated by use of potassium chloride or foods high in potassium content; similarly chloride deficit by ammonium chloride or near normal salt intake, or both (except in cirrhotics). Discontinue 48 hours before elective surgery. Hyperuricemia may occur and gout. In diabetics, insulin requirements may be increased, decreased or unchanged. Hyperglycemia and glycosuria may result. Thiazide diuretics have reportedly precipitated a cutaneous vasculitis in elderly patients with a history of repeated and continuing exposure to several drugs. Thrombocytopenia, leukopenia, agranulocytosis, aplastic anemia, and jaundice have been reported as rare side reactions. Nausea, vomiting, diarrhea, dizziness, and paresthesias may occur. Purpura, rash, photosensitivity, or other hypersensitivity reactions have been reported in a small percentage of cases. There have been scattered reports of pancreatitis, xanthopsia, neonatal thrombocytopenia, and neonatal jaundice, but data is insufficient to establish a causal relationship. Since thiazides cross the placental barrier and appear in breast milk, it is possible that side effects seen in the adult may also occur in the newborn.

Reserpine: With continued use side effects often disappear and most can be controlled by reducing dosage. The need to discontinue therapy is rare. Reactions most often reported include excessive sedation, nightmares, nasal congestion, conjunctival injection, enhanced susceptibility to colds, muscular aches, headache, dizziness, dyspnea, anorexia, nausea, increased intestinal motility, diarrhea, weight gain, dryness of the mouth, blurred vision, flushing of the skin, pruritus, skin rash, dysuria, syncope, impotence or decreased libido, bradycardia, angina pectoris and other direct cardiac effects, and central nervous system (including ocular) sensitization. Should be used cautiously in the presence of coronary disease and in patients with a history of peptic ulcer, ulcerative colitis, or other gastrointestinal disorders. May precipitate biliary colic in patients with gallstones, or bronchial asthma in susceptible persons. May cause hypotension, including orthostatic. Should be discontinued two weeks before giving anesthesia. In some patients a syndrome similar to Parkinson's disease has been produced, but is usually reversible with decreased dosage or discontinuance. Anxiety or depression, as well as psychosis, may develop. If depression is present when therapy is begun, it may be aggravated.

Detailed information on dosage, administration, precautions and bibliography is available on request.

How Supplied: Tablets HYDROPRES*-25 and HYDROPRES*-50, 25 or 50 mg. each of hydrochlorothiazide and 0.125 mg. of reserpine, are supplied in bottles of 100 and 1000.

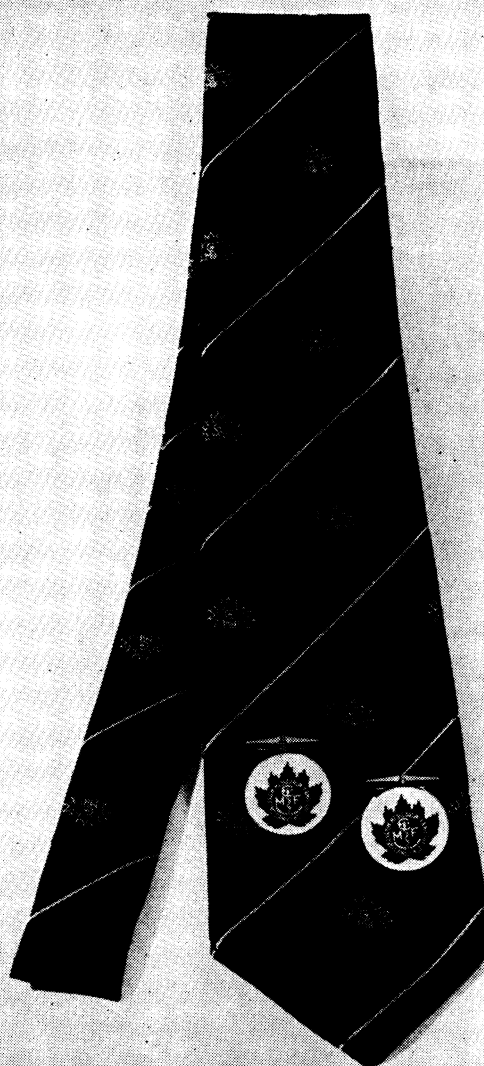
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Pentrium Rx Summary Indications: Angina Pectoris, particularly long-term ambulatory prophylaxis and therapy. Precautions: Careful dosage adjustment in patients already receiving sedatives, tranquilizers, MAO inhibitors or other CNS-acting drugs in view of over-sedation or ataxia. Patients should be advised to abstain from alcohol during treatment with 'Pentrium' as the individual response cannot be foreseen. Until maintenance dose is established caution whenever mental alertness or physical co-ordination is required. Periodic blood counts and liver function tests advisable in long-term use. Contraindications: Glaucoma. Dosage: 1 tablet t.i.d. or q.i.d. *before meals* and at bedtime up to a maximum of 6 tablets. Composition and Supply: Each tablet contains 20 mg pentaerythritol tetranitrate and 5 mg Librium*. Bottles of 100, 500 and 1000. Detailed information on request.

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oral hematinic therapy with an unusually broad spectrum

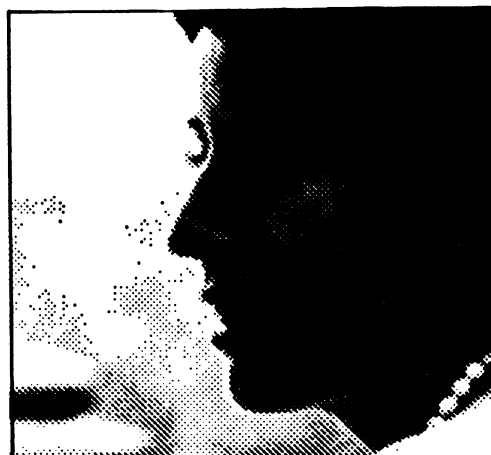
in pregnancy—Depletion of iron stores may occur during pregnancy, when the demand for all blood building factors is sharply increased.



in adolescence—The onset of menstruation, together with rapid growth and erratic eating habits, can cause a hypochromic microcytic anemia.



in the geriatric patient—Poor dietary habits resulting from loneliness, dental problems or diets may result in the appearance of an iron deficiency or "multiple deficiency" anemia.



in menorrhagia—Excessive blood loss may result in depleted iron reserves and consequent hypochromic microcytic anemia. It may also be responsible for the poorly defined "all-worn-out" complaint.

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(vitamin B₁₂ with intrinsic factor concentrate and other medication C.S.D.)

for a rapid hematological response . . . striking clinical improvement

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Special Liver-Stomach Concentrate, Lilly (containing Intrinsic Factor) . . . 150 mg.
Vitamin B₁₂ with Intrinsic Factor Concentrate, C.S.D. ½ unit (oral)
Cobalamin Concentrate, N.F. equivalent to Cobalamin 7.5 mcg.
(The above three ingredients are clinically equivalent to ¾ N.F. unit of APA potency.)
Iron, Elemental (as Ferrous Fumarate) 110 mg.
Ascorbic Acid (Vitamin C) 75 mg.
Folic Acid 0.05 mg.

Indications: Trinsicon is effective in those anemias that are treatable with oral hematinics, including pernicious and other megaloblastic anemias as well as iron-deficiency anemia.

Side-Effects: In rare instances, iron in therapeutic doses may produce gastrointestinal reactions, such as diarrhea or constipation. Reducing the dose and administering it with meals will minimize these effects in the iron-sensitive patient.

Precautions and Contraindications: In the treatment of anemias of any type, it is necessary to make the correct diagnosis and to determine the underlying cause. The use of folic acid without adequate vitamin B₁₂ therapy in patients with pernicious anemia may result in hematological remission but neurological progression. While some patients affected with pernicious anemia may respond to orally ingested vitamin B₁₂ with intrinsic factor, others may not, and some may respond initially and later become refractory. There is no known way to predict which patients will or will not respond, therefore, periodic examinations and laboratory studies are recommended. Hemochromatosis and hemosiderosis are contraindications to iron therapy.

Dosage: 1 Pulvule twice daily with meals. (Two Pulvules daily produce a "standard" response in the average uncomplicated case of pernicious anemia.)

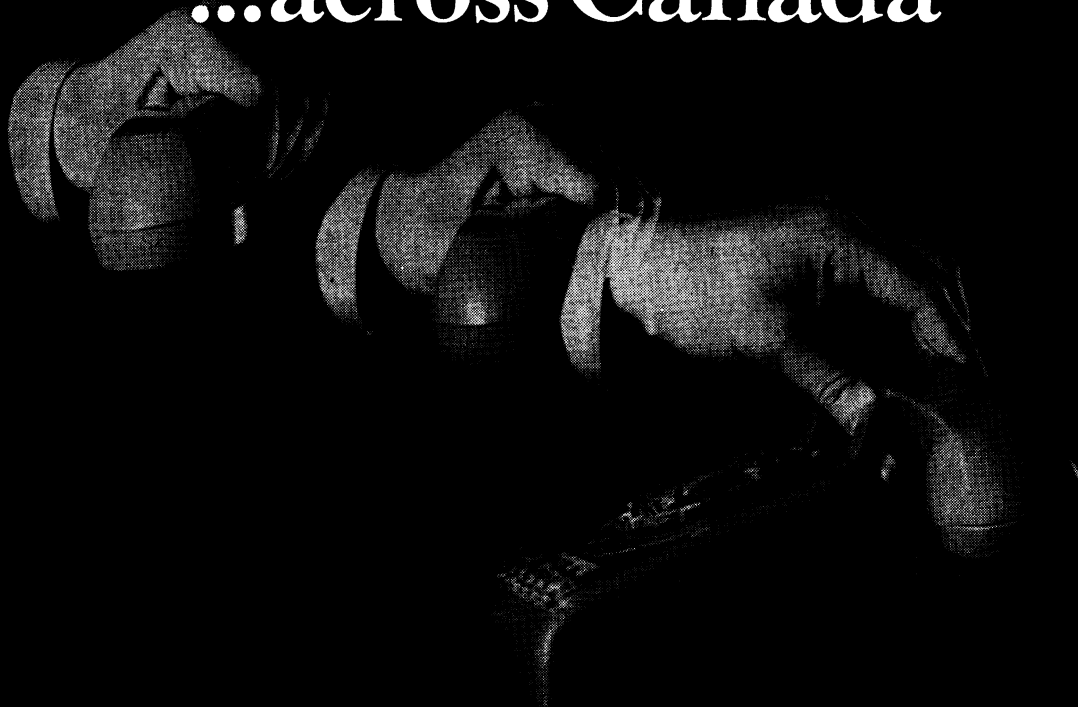
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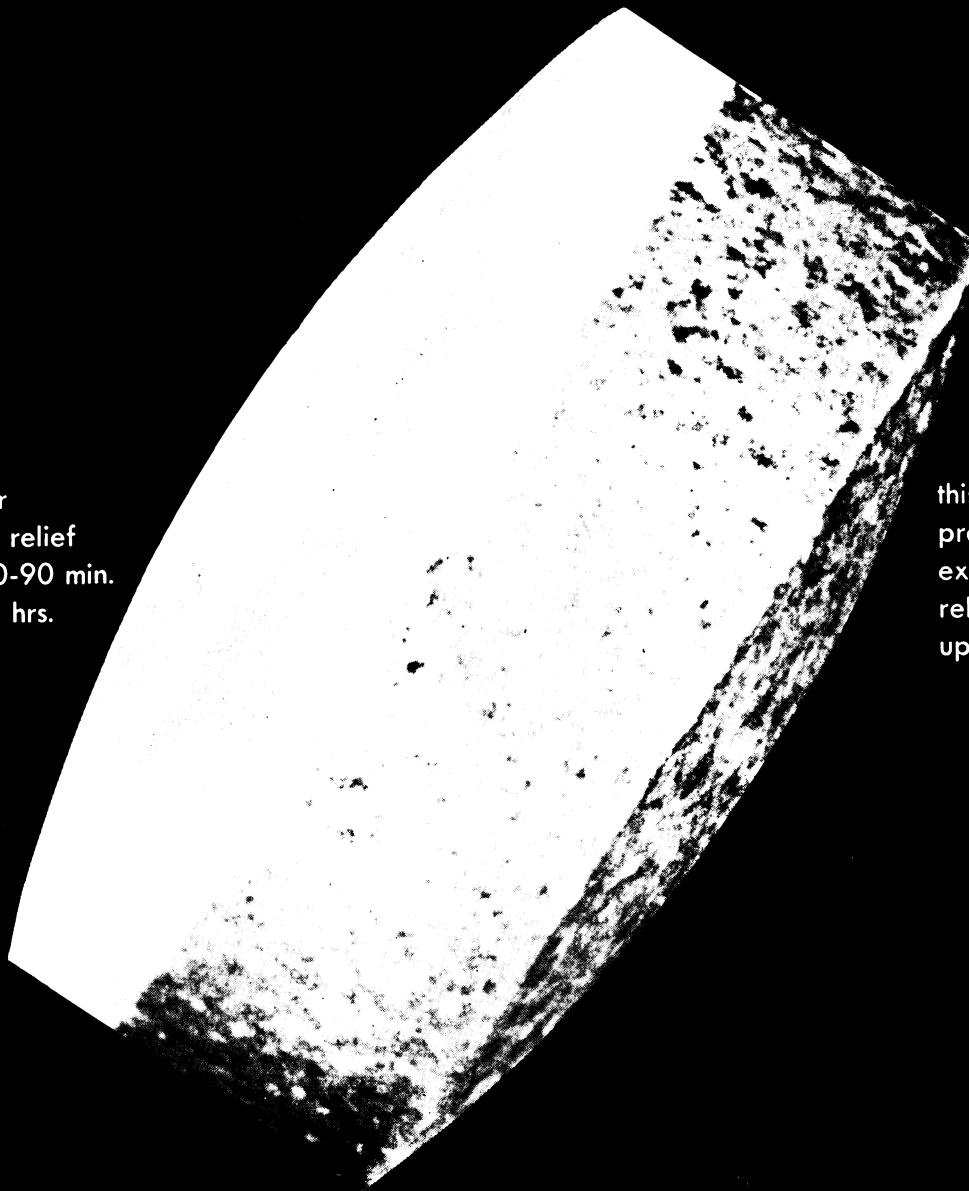


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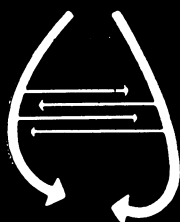
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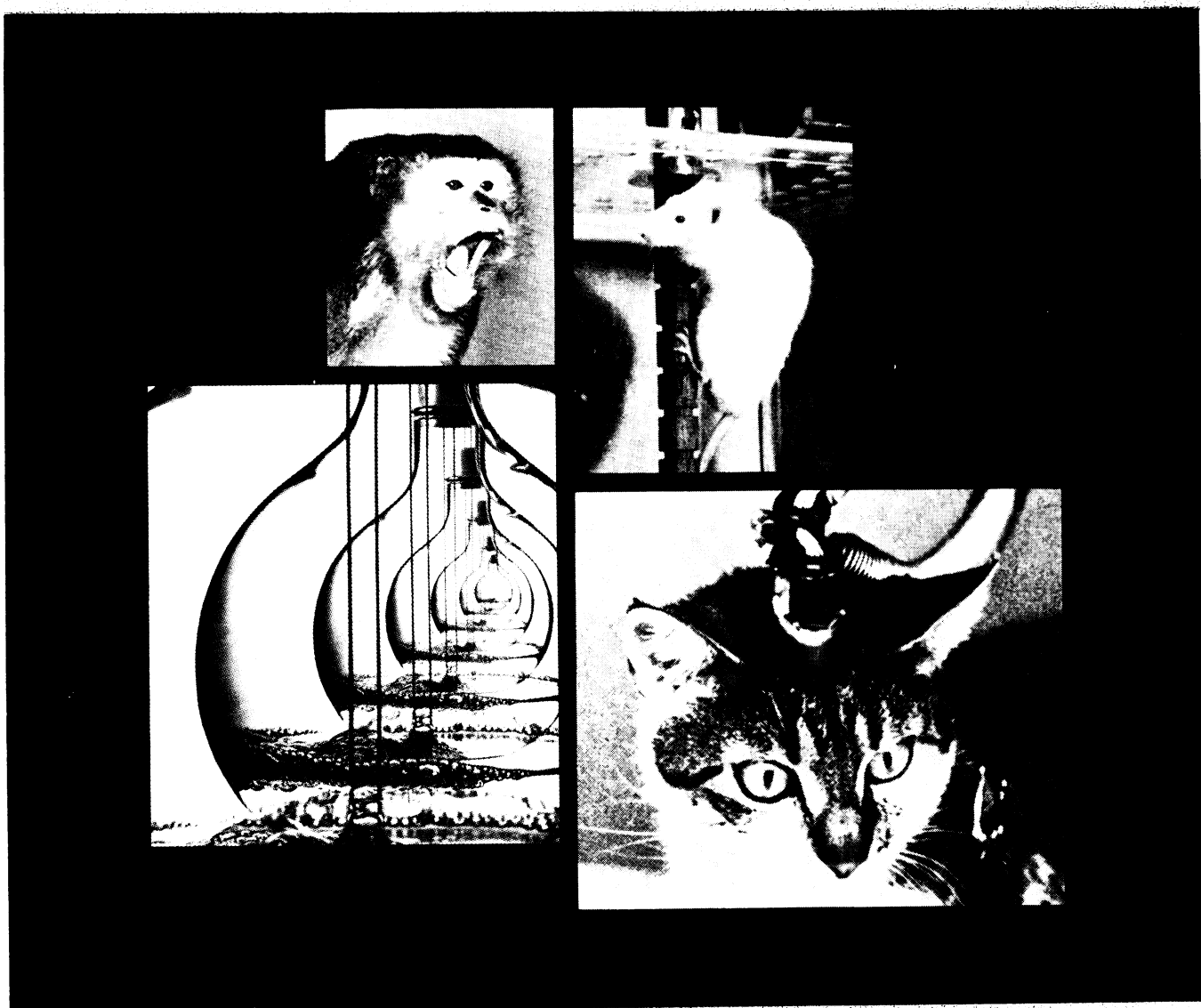
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The first topical steroid to treat all 4 dimensions of dermatoses.


When infection invades a dermatosis, or merely threatens, Kenacomb offers the surest combination of antibacterial, anti-inflammatory, antifungal and effective antipruritic activity.

And Kenacomb's practical blend of potent triamcinolone acetonide, with anti-infective neomycin, gramicidin and nystatin is as economical as ever.

Kenacomb — and lower-strength Kenacomb Mild — the proven way to treat all four dimensions of wet, inflamed and infected dermatoses.

And you can't do better than...

KENACOMB



SQUIBB 

Squibb Quality—The Priceless Ingredient

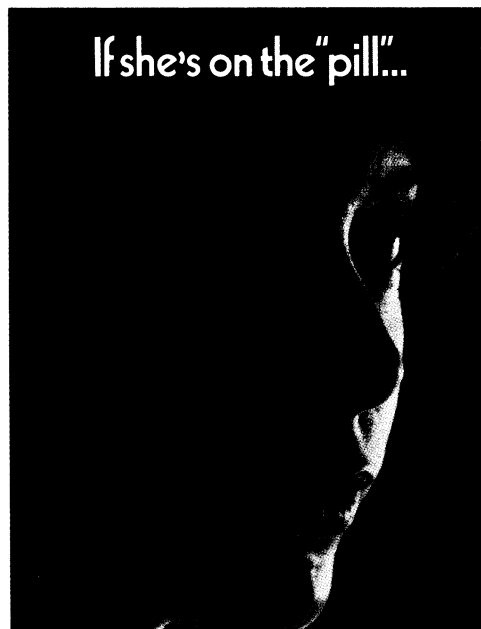
Description: Each gram contains 1.0 mg triamcinolone acetonide; 2.5 mg neomycin base (as sulfate); 0.25 mg gramicidin and 100,000 units nystatin. The cream is formulated in an aqueous vanishing base and the ointment in Plastibase (Squibb plasticized hydrocarbon gel). **Indications:** Inflammatory dermatoses caused, complicated or threatened by bacterial and/or monilial infection. **Contraindications:** Tuberculous and most viral lesions of the skin; fungal lesions except candidiasis; history of hypersensitivity to any of its components. Should not be applied to the external auditory canal of patients with perforated eardrums. Not for ophthalmic use. **Precautions:** Prolonged use may lead to overgrowth of non-susceptible organisms. Constant observation of the patient is essential. If superinfection, local irritation or sensitization develops, the preparation should be discontinued and appropriate therapy instituted. Although rare, systemic side effects must be kept in mind especially with extensive or prolonged applications or with the occlusive dressing technique. Kenacomb should not be applied to moist intertriginous areas. During pregnancy, use on extensive areas, in large amounts or for prolonged periods of time is not recommended. **Adverse reactions:** Hypersensitivity, or local intolerance to nystatin, gramicidin or triamcinolone acetonide, is uncommon. Hypersensitivity to neomycin should be borne in mind, since an increase in its incidence has been reported. Miliaria, folliculitis, pyoderma, localized atrophy, contact sensitivity to a dressing or adhesive, and striae may occur under occlusive dressings. **Administration:** Cream—Rub into affected areas 2 or 3 times daily. Ointment—Apply a thin film to affected areas 2 or 3 times daily. **Supply:** Tubes of 5 and 15 gm. Complete prescribing information available on request.

Problems of intimacy...

The incidence of Vaginitis, caused by *Candida albicans* is on the increase. This can be attributed to many factors. Current vogues are frequently indicted because of the effect they have on the highly susceptible intimate areas of the body. Girls with tight fitting clothing are prone to vaginal moniliasis as are women on the pill.

Reinfection from the husband may also occur.

Fortunately, specific therapy exists for these problems of intimacy.



VAGINITIS...AND SHE'S ON THE PILL...SUSPECT MONILIA FIRST.

Since the advent of the "pill", reports have associated a higher incidence of candidal vaginitis with the use of oral contraceptives.^{1,2} A partial explanation may be that these compounds create an environment particularly conducive to the growth of *Candida albicans*.³

MYCOSTATIN VAGINAL TABLETS

(Nystatin Tablets, U.S.P.):

Specific for vaginal moniliasis —

Supply: Packages of 15 with applicator. Each tablet contains 100,000 units of nystatin and 0.95 gm of lactose.

Dosage: Usual dosage is 1 or 2 tablets (100,000 or 200,000 units) daily. In most cases, two weeks of therapy will be sufficient, but in some cases more prolonged treatment may be necessary. "Instructions for the patient" are enclosed in each package.

MYCOSTATIN ORAL TABLETS

(Nystatin Tablets, U.S.P.):

Specific for G.I. moniliasis: particularly to reduce or eliminate *Candida* from the G.I. tract —

Supply: Bottles of 12 and 100. Each tablet contains 500,000 units of nystatin.

Dosage: The usual prophylactic and therapeutic dose is 1 tablet 3 times daily.

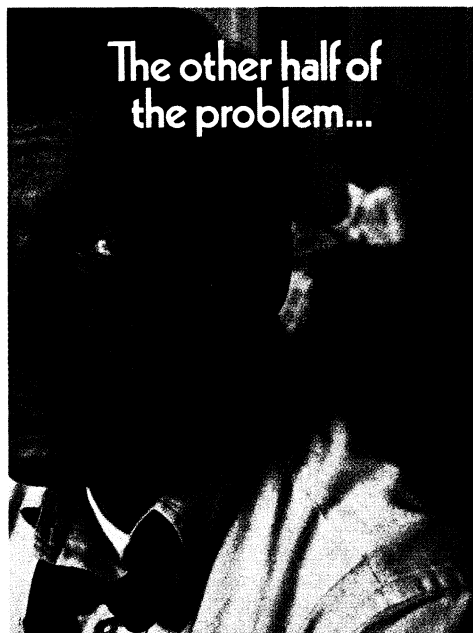
MYCOSTATIN OINTMENT

(Nystatin Ointment, U.S.P.):

Specific for cutaneous moniliasis —

Supply: Tubes of ½ oz. and 1 oz. Each gm of ointment contains 100,000 units of nystatin in Plastibase.

Dosage: Apply liberally to affected areas 1 to 4 times daily as required.



CANDIDAL VAGINITIS IN THE SPOUSE...SUSPECT MONILIA FIRST.

There is evidence⁵⁻⁹ that a woman with candidal vaginitis may infect her husband who, presumably, can reinfect her. Thus,

MYCOSTATIN

the problem should be eliminated in the male as well as in the female patient

CONTRAINDICATION:

Hypersensitivity to nystatin.



VAGINITIS . . . AND "ALL DRESSED UP" . . . SUSPECT MONILIA FIRST.

"The present habit of wearing tight, closely knit, nonabsorptive garments next to the skin covered with a tight outer trous gives rise to a warm, highly humid atmosphere that can macerate the skin and cause a flare-up of vulvovaginitis".⁴

ADVERSE REACTIONS: Large oral doses may produce diarrhea and G.I. distress. Nystatin is usually well tolerated by all age groups, even after prolonged administration.

PRECAUTIONS: Discontinue medication if hypersensitivity or irritation from topical or intravaginal use should occur. Nystatin is ineffective against bacteria and viruses. Not for systemic infections; nystatin is not absorbed from the G.I. tract.

Complete prescribing information available on request.

MYCOSTATIN

(nystatin, Squibb)



SQUIBB

Squibb Quality — the Priceless Ingredient

REFERENCES: 1. Walsh, H.; Hildebrandt, R. J.; and Prystowsky, H.: *Amer J Obstet Gynec* 101:991 (Aug 1) 1968. 2. Walsh, H.; Hildebrandt, R. J.; and Prystowsky, H.: *Amer J Obstet Gynec* 93:904 (Nov 15) 1965. 3. Seelig, M. S.: *Med Times* 96:689 (Jul) 1968. 4. Morton, J. H., in Conn, H. F. (ed.): *Current Therapy 1966*, Philadelphia: W. B. Saunders Company, 1966, p 717. 5. Rohatiner, J. J.: *Brit J Vener Dis* 42:197, 1966. 6. Gardner, H. L.: *Texas State J Med* 40:333 (Oct) 1944. 7. McGoogan, L. S.: *J Mich Med Soc* 55:682 (Jun) 1956. 8. Waisman, M.: *Arch Derm Syph* 70:718 (Dec) 1954. 9. Any Questions: *Brit Med J* 1:1429 (May 19) 1962.

for dependable anti-inflammatory eye/ear therapy



Neo-Cortef EYE-EAR DROPS & OINTMENT

An effective steroid-antibiotic combination for the suppression of inflammation and infection in the anterior ocular segment and the external ear canal.

Neo-Cortef Eye-Ear Drops

Each cc. contains:

Hydrocortisone acetate	15 mg. (1.5%)
Neomycin sulphate	5 mg.
(equivalent to 3.5 mg. neomycin base)	

Supplied: 1.5% in 5 cc. dropper bottles.

Administration: EYE – Initially, 1 or 2 drops every hour during the day and every two hours during the night. When improvement occurs, reduce to 1 drop three or four times daily. EAR – 2 or 3 drops in the external ear canal two or three times daily.

Neo-Cortef Eye-Ear Ointment

Each gram contains:

Hydrocortisone acetate	5 mg. (0.5%) or 15 mg. (1.5%)
Neomycin sulphate	5 mg.
(equivalent to 3.5 mg. neomycin base)	

Supplied: 0.5% and 1.5% in 3.5 Gm. tubes with applicator tip.

Administration: EYE – 3 or 4 applications daily. EAR – Apply to external ear canal one to three times daily.

Contraindications: Viral diseases of the cornea and conjunctiva; tuberculosis of the eye; fungal diseases of the eye; acute purulent untreated infections of the eye, which, like other diseases caused by micro-organisms, may be masked or enhanced by the presence of the steroid.

Side Effects: Extended ophthalmic use of corticosteroid drugs may cause increased intra-ocular pressure in certain individuals, and in those diseases causing thinning of the cornea, perforation has been known to occur. Detailed information on side effects, precautions, etc. is available on request.

NEO-CORTEF (NEOMYCIN, HYDROCORTISONE) - 15 mg. (1.5%)

THE UPJOHN COMPANY OF CANADA
DON MILLS, ONTARIO

Upjohn



For control and prevention of surface pain in daily medical procedures...

XYLOCAINE® (LIDOCAINE) TOPICALS



1. XYLOCAINE SUPPOSITORIES—hemorrhoids, postoperative edema, pre- and postoperatively in hemorrhoidectomy and sclerosing therapy.

2. XYLOCAINE VISCOUS—pharyngitis, stomatitis, esophagitis, esophagoscopy, post-tonsillectomy, sore throat, hiccup.

3. XYLOCAINE TOPICAL SPRAY (metered dose)—For topical application to mucous membrane or broken tissue.

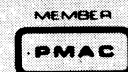
4. XYLOCAINE JELLY—used in catheterization, exploration by sound and other endourethral operations, cystoscopy, and topical treatment of painful urethritis.

5. XYLOCAINE OINTMENT 5%—safe, non-irritating and non-sensitizing... non-staining and water soluble.

6. XYLOCAINE ENDOTRACHEAL AEROSOL (metered dose)—provides surface anesthesia for the oropharyngeal and tracheal areas to reduce reflex activity and to facilitate insertion of the tube or the passage of instruments during endotracheal intubation, laryngoscopy, bronchoscopy and esophagoscopy.

*Detailed information
available upon request*

ASTRA
PHARMACEUTICAL DIVISION,
MISSISSAUGA, ONTARIO



Penbritin*
is 'way
up here in
effectiveness
and
safety





but
'way down
here in
cost

**THE BROAD-
SPECTRUM
PENICILLIN**

Today your patients pay about the same for a PENBRITIN prescription as they would pay for many other frequently prescribed, but potentially more toxic, medium and broad-spectrum antibiotics. For bactericidal PENBRITIN's widespread use has enabled us to reduce its price 9 times in 7 years. So, if you can never remember the price of PENBRITIN, maybe it's because it keeps dropping.

Penbritin*
(ampicillin)

**AYERST
LABORATORIES**
division of Ayerst, McKenna & Harrison Ltd.
Montreal, Canada



PENBRITIN made available in Canada by arrangement with
Beecham Research Laboratories
*T.M. Reg'd

MEMBER

PMAC

Full prescribing information
and references available on request.

THE DOUBLE COIL WITH A SINGLE PURPOSE...

to prevent conception safely

The unique shape of SAF-T-COIL INTRAUTERINE DEVICE was developed along precise anatomical principles to do a single thing: to prevent conception. Not to simulate pregnancy. Not to alter or inhibit a woman's natural cycle. Not to affect her hormone balance. But just this: to prevent conception with maximum assurance and safety.

Let's begin with assurance. The use-effectiveness rate of SAF-T-COIL has been demonstrated to compare favorably with that of oral contraceptives.¹ Specifically, in the most recent large-scale study, covering 3,288 woman-months of use, the rate of

pregnancy prevention during the first year was 98.6%...the retention rate was 87%.²

Which brings us to safety. Given comparable effectiveness, doesn't good practice argue in favor of the technique which does *not* require long-term systemic medication? And SAF-T-COIL is the first IUD to be supplied in a preassembled sterile package, complete with disposable inserter—a matter not only of safety but convenience.

When your patients ask about "the pill" or report "pill problems," tell them you can now give them a more reassuring technique: SAF-T-COIL.

Caution: Should not be used in pregnancy or suspicion of pregnancy, suspicion of carcinoma, acute cervicitis, acute or subacute adnexal disease, fibroids with distortion of uterine cavity, particularly submucous fibroids, menorrhagia or unexplained bleeding.

1. Report on Intrauterine Contraceptive Devices by the Advisory Committee on Obstetrics and Gynecology, Food and Drug Administration, January, 1968 (The Hellman Report.)

2. Vaughn, B. J., and Dominguez, H.: presented at 6th Convention of American Association of Planned Parenthood Physicians, San Antonio, Texas, April 17, 1968.

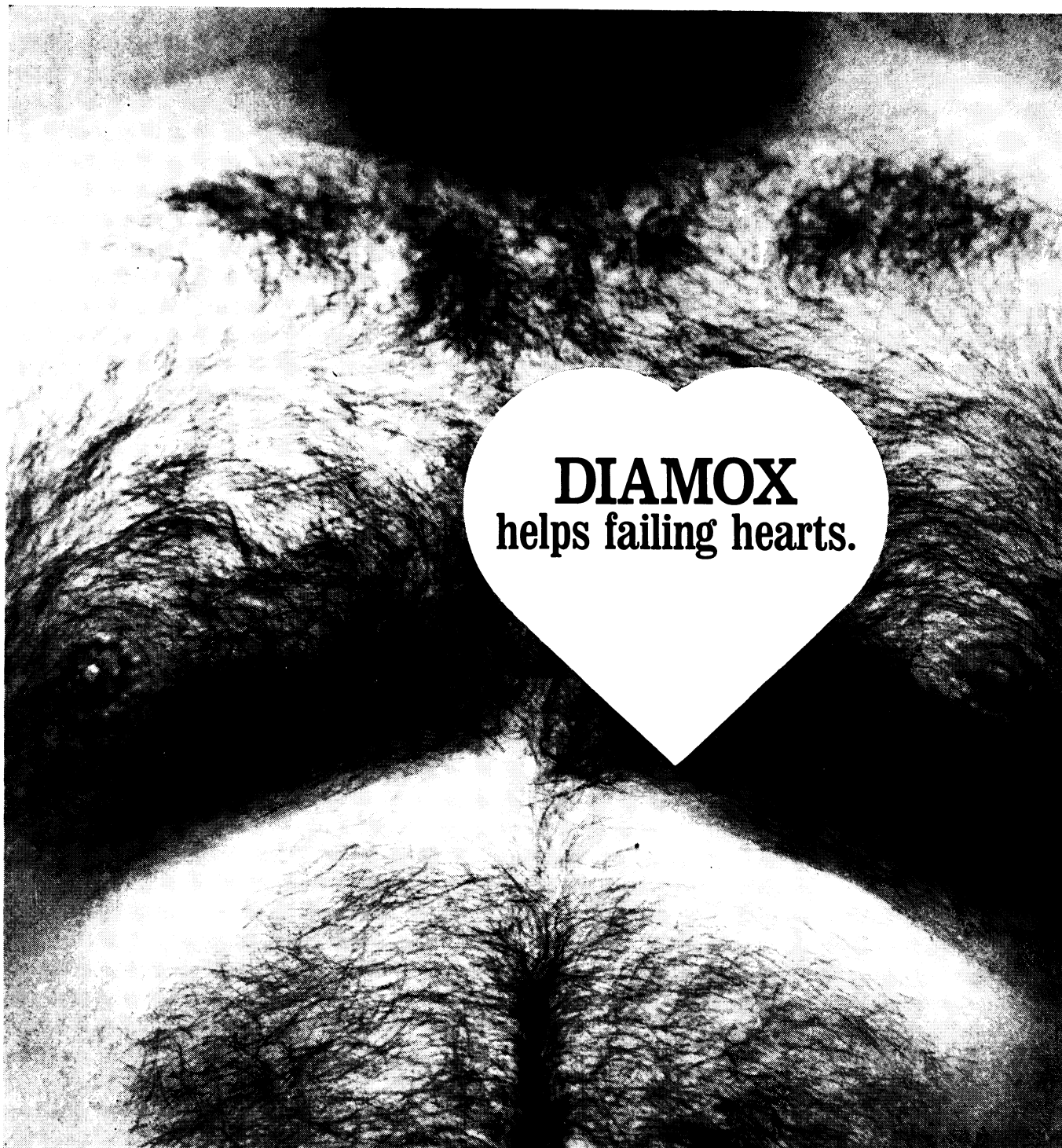


JULIUS SCHMID OF CANADA LTD.

providing better means of family planning for almost a century
32 Bermondsey Road, Toronto 374

SAF-T-COIL

THE INTRAUTERINE DEVICE IN THE PREASSEMBLED STERILE PACKAGE



DIAMOX
helps failing hearts.

For continuing therapy, DIAMOX provides the moderate diuretic action needed in many cases of congestive heart failure. Fluid loss is maintained with gentle action. A single morning dose provides peak action in the daytime hours, allows an uninterrupted night's sleep.

Dosage: Congestive heart failure, toxemia and edema of pregnancy, drug induced edema and obesity. Starting dose is usually 1 to 1½ tablets once daily in the morning. Best maintenance results are obtained on a dosage of 1 to 1½ tablets daily for two days, rest a day, and repeat. Dosage information in glaucoma and epilepsy available on request or please consult your Vademecum International or Compendium of Pharmaceuticals and Specialties. **Contraindications:**

DIAMOX[®]
TABLETS 250 mg. Acetazolamide Lederle

Since Diamox may induce a mild acidosis, its use is contraindicated in idiopathic renal hyperchloremic acidosis. It is also contraindicated in Addison's disease and in all types of adrenal gland failure. **Availability:** Tablets 250 mg. (white scored); Sequels 500 mg. (orange); Parenteral vial of 500 mg. Detailed therapeutic information is readily available on request or in your Vademecum International or Compendium of Pharmaceuticals and Specialties.

Winstrol

(brand of stanozolol)

the potent oral anabolic

provides for

STRONGER BONES in older bodies!

Your patients will look better and feel stronger on a Winstrol regimen, because Winstrol is a potent, oral anabolic. Moreover, Winstrol is unequalled in its ratio of effectiveness to incidence of unwanted androgenic effects. Winstrol provides for increased strength and well-being, gain in weight and appetite while counteracting nitrogen and calcium loss with resulting bone and tissue regeneration.

Winthrop
LABORATORIES
AURORA, ONTARIO



DIRECTIONS: Usual adult dosage 2 mgs. 3 times daily. A well-balanced diet should be assured to attain full effect.

SIDE EFFECTS: Mild gastro-intestinal upset has been seen. Prolonged administration at full dosage may cause mild hirsutism, acne or voice change and enlargement of the phallus or clitoris. Occasionally mild edema has been observed and, in young women, menses may become shorter and milder. These side effects are generally reversible.

PRECAUTIONS: Use with care in cases of impaired cardiac and renal function due to the possibility of sodium and water retention. An increase in bromsulphalein retention has been seen with all available anabolic steroids and, although it may not be indicative of toxicity and is usually reversible, the drug should be discontinued if it is noted. As with other anabolic steroids, Winstrol may accelerate the growth and maturation of bone.

Caution should therefore be exercised in therapy for infants and children and careful monitoring of bone age and growth should be performed.

CONTRAINDICATIONS: Winstrol is contraindicated in pregnancy. It is usually considered to be contraindicated in patients with prostatic carcinoma.

PRESENTATION: Scored compressed tablets each containing 2 mg. stanozolol, bottles of 100.

Full information available on request.

Winstrol T.M. registered Canada

The single antibiotic versus the triple combinations.

No contest.



GARAMYCIN* Cream or Ointment, with a single antibiotic formulation, offers the full spectrum coverage of the usual topical, triple antibiotic combinations. And GARAMYCIN fills the gram-positive and gram-negative gaps of bacitracin and polymyxin B; moreover, it has a broader spectrum than neomycin in terms of overall potency.^{1,2}

GARAMYCIN covers virtually the entire bacterial spectrum in common or stubborn skin infections as found in wounds, impetigo and folliculitis.

It is highly active — bactericidal against staphylococcus, pseudomonas and proteus — pathogens which may be resistant to other antibiotics.

There's GARAMYCIN Cream . . . miscible with water, blood and exudate, for wet and oozing lesions. Or GARAMYCIN Ointment for infections of dry, eczematous and psoriatic skin.

And GARAMYCIN is available with prescription only.

Indications: Primary and secondary skin infections.

Dosage: A small amount of GARAMYCIN Cream or Ointment applied gently to the lesion three or four times daily until favourable results are obtained.

Contraindications: None known other than sensitivity to one of the components in the preparation.

Precautions: Therapy should be discontinued if super-infection, irritation or sensitivity occurs.

Side Effects: Rarely, mild irritation. Possible photo-sensitization has been reported in several patients but was not confirmed.

Full information is available on request and is published in the *Compendium of Pharmaceuticals and Specialties*.

References: (1) Files of Headquarters Medical Research Division, Schering Corporation. (2) Weinstein, M. J.; Luedemann, G. M.; Oden, E. M., and Wagman, G. H., in Sylvester, J. C.: *Antimicrobial Agents and Chemotherapy* - 1963, Ann Arbor, American Society for Microbiology, 1964, pp. 1-7.

For further information write to Schering Corporation Limited, Pointe Claire 730, P.Q.

*Reg. T.M.

A product of *Schering*



Not just the tough cases...

**Depend on Candeptin® (candicidin)
as the agent of first choice in
all Candida cases.**



Symptoms subside in 48 to 72 hours!

Itching, burning, discharge,
and malodor disappear rapidly...
patient's embarrassment, too.

Avoids the disappointment of "the cure that didn't take."

CANDEPTIN is "cidal" as well as "static,"
it is 100 times more potent *in vitro*
than nystatin,² and it has achieved
culture-confirmed cure rates of
90% and more³ (even in notoriously
difficult-to-treat pregnant patients!).^{3,4}

And two weeks does it.

Usually, CANDEPTIN cures in
a single 14-day course of therapy.³

the fortnight fungicide

Candeptin[®] candididin

Vaginal Tablets/Ointment

Formula: CANDEPTIN Vaginal Ointment contains a dispersion of candididin powder equivalent to 0.6 mg. per gm. or 0.06% candididin activity in U.S.P. petrolatum. 3 mg. of candididin is contained in 5 gm. of ointment or one applicatorful. CANDEPTIN Vaginal Tablets contain candididin powder equivalent to 3 mg. (0.3%) candididin activity dispersed in starch, lactose and magnesium stearate.

Indications: Vaginal moniliasis due to *Candida albicans* and other *Candida* species.

Contraindications: Patient sensitivity to any of the components. During pregnancy manual tablet insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.

Caution: Clinical reports of sensitization or temporary irritation with CANDEPTIN Vaginal Ointment or Vaginal Tablets have been extremely rare. To avoid reinfection, it is recommended that the patient refrain from sexual intercourse during treatment or the husband wear a condom.

Dosage: One vaginal applicatorful of CANDEPTIN Ointment or one Vaginal Tablet is inserted high in the vagina, twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.

Dosage forms: CANDEPTIN Vaginal Ointment is supplied in 75 gm. tubes with applicator (14-day regimen requires 2 tubes). CANDEPTIN Vaginal Tablets are packaged in boxes of 28, in foil, with inserter—enough for a full course of treatment. Store under refrigeration.

Federal law prohibits dispensing without prescription. CANDEPTIN is a registered trade-mark of Julius Schmid, Inc.

References: 1. Olsen, J. R.: *Journal-Lancet* 85:287 (July) 1965. 2. Lechevalier, H.: *Antibiotics Annual 1959-1960*. New York, Antibiotica, Inc., 1960, pp. 614-618. 3. Giorlando, S. W., Torres, J. F., and Muscillo, G.: *Am. J. Obst. & Gynec.* 90:370 (Oct. 1) 1964. 4. Friedel, H. J.: *Maryland M. J.* 15:36 (Feb.) 1966.

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32 Bermondsey Road
Toronto 374, Canada

penses in arriving at his net income. However, under the proposed system the expenses will not be deductible. Assuming a combined federal and provincial marginal tax rate of 51.2 percent (the rate for any individual with taxable income over \$24,000) this change will cost Doctor "A" an additional \$922 in tax.

Medical Expenses

Changes are also proposed for the deduction of medical expenses in excess of three percent of a taxpayer's net income. No deduction will be allowed for medical expenses for which a taxpayer has been reimbursed or is entitled to be reimbursed under an insurance or prepayment plan. Premiums or contributions paid to such plans, other than government plans, will be deductible. Employer contributions to employee public medical care plans will constitute a taxable benefit to the employee.

The personal income tax rates schedule and the manner of computing personal income tax will also be changed. The present federal rate schedule now ranges from 11 percent on taxable income of \$1,000 or less to 80 percent on taxable income over \$400,000. Under the proposed personal rate schedule the range will be from 17 percent on the first \$500 of taxable income to 40 percent on income over \$24,000. This is probably one of the few proposals in the White Paper which will be greeted with general accord.

Accrual Basis

Professionals will now be obliged to compute their taxable income on the accrual basis. Receivables and inventories at the date of the changeover will be brought into income over a number of years. These will be brought into income as the total outstanding receivables and inventories are reduced. This amount will be in addition to the amount of their income computed on the accrual basis and will mean taxation on the greater cash-basis income or accrual-basic income.

The government believes that many taxpayers who would otherwise be in quite high tax brackets have become landlords and have thus been able to reduce or eliminate the tax on their other income by claiming the maximum depreciation on their buildings. The government proposes to close this loophole in the following manner:

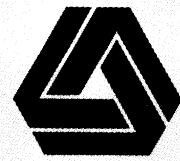
1. A person who inherits property will, for tax purposes, inherit the tax cost of that property to the deceased.
2. A taxpayer will be prohibited from deducting from other income a loss from holding property if the loss is created by capital cost allowance, interest or property taxes.
3. A separate depreciation class will be created for each rental building that costs \$50,000 or more.

In summary, these comments are a second look at the government's tax proposals as they will affect your future taxable income figures and ultimately the amounts you will pay in tax. There's not much point in arguing against the proposals among yourselves but rather, if you feel strongly about them, send your views to Mr. Benson. It's called participatory democracy. ◀

Dalacin C



Dalacin C



a new Gram-positive oral antibiotic

- a single 150 mg. dose of new Dalacin C provides serum levels well in excess of the minimum *in-vitro* bactericidal concentrations for sensitive Staphylococci, Streptococci and Pneumococci
- 90% absorption even when taken with food
- peak serum levels in 45 minutes (fasting)
- serum levels in excess of minimum inhibitory concentrations for most common Gram-positive pathogens maintained for at least 6 hours with a single dose
- no serious side effects reported
- effective against penicillinase-producing Staph.

Supplied:

ADULTS



150 mg. Capsules: Each capsule contains clindamycin hydrochloride hydrate equivalent to 150 mg. clindamycin base, in bottles of 16 and 100.

CHILDREN



75 mg. Pædiatric Capsules: Each capsule contains clindamycin hydrochloride hydrate equivalent to 75 mg. clindamycin base, in bottles of 16 and 100.

Dalacin C

a new oral antibiotic



Indications: Dalacin C is indicated in infections caused by organisms susceptible to its action, particularly Streptococci, Pneumococci and Staphylococci. As with all antibiotics, *in-vitro* susceptibility studies should be performed.

In-vitro studies indicate that Dalacin C has antibacterial activity against sensitive Gram-positive organisms. The spectrum of *in-vitro* activity includes both *Staphylococcus albus* and *Staphylococcus aureus* (including penicillinase-producing and methicillin-resistant Staphylococci), *Streptococcus haemolyticus*, *Streptococcus viridans*, *Diplococcus pneumoniae*, *Clostridium tetani*, *Clostridium perfringens*, *Corynebacterium diphtheriae*, *Corynebacterium acnes*, *Actinomyces israelii*, and *Mycoplasma pneumoniae*. Dalacin C is inactive against most strains of Gram-negative organisms and *Streptococcus faecalis*.

Dosage and Administration:

Adults

Mild to moderately severe infections: 150 mg. (one capsule) approximately every 6 hours; **Severe infections:** 300 mg. (two capsules) or more every 6 hours.

Children (over one month of age)

Average infections: 5 mg./lb./day; **Severe infections:** 8 mg./lb./day, or more if indicated by the clinical situation. Total daily dose should be divided into 3 or 4 equal doses.

Absorption of Dalacin C is not appreciably modified by ingestion of food, and Dalacin C may be taken with meals.

Note: With β -haemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

Contraindications: As with all drugs, the use of Dalacin C is contraindicated in patients previously found to be hypersensitive to this compound. Although cross-sensitization with Lincocin (lincomycin) has not been demonstrated, it is recommended that Dalacin C not be used in patients who have demonstrated lincomycin sensitivity.

Until further clinical experience is obtained Dalacin C is not indicated in the newborn (infants below 30 days of age), or in pregnant women.

Precautions: Dalacin C, like any drug, should be prescribed with caution in atopic individuals.

The use of antibiotics occasionally results in overgrowth of non-susceptible organisms—particularly yeasts. Should superinfections occur, appropriate measures should be taken as dictated by the clinical situation.

As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

Dalacin C may be used in anuric patients. The serum half-life of Dalacin C in patients with markedly reduced renal function is approximately twice that of the half-life of the compound in normal patients. The dose of Dalacin C should, therefore, be appropriately decreased. Haemodialysis and peritoneal dialysis are not effective means of removing the compound from the blood. Periodic serum levels of Dalacin C should be determined in patients with severe renal insufficiency. As with all antibiotics, perform culture and sensitivity studies in conjunction with drug therapy.

Adverse Reactions: Only 65 of the 851 patients treated for infections developed side effects representing 7.6% of the total study group or 8.0% of the 813 patients with follow-up. Only 22 of these patients' symptoms were considered due to clindamycin for an incidence of 2.7% among the 813 cases with follow-up.

Gastrointestinal: Abdominal pain occurred in 12 patients for an overall incidence of 1.4% in 851 patients and was considered drug related in 7 (0.8%). Diarrhoea occurred in 22 cases for an overall incidence of 2.6% and was drug related in 13 (1.5%). Vomiting occurred in 14 cases, with an overall incidence of 1.6%. Seven patients (0.8%) had nausea which was drug related in 2 cases (0.2%). Side effects were severe in 10 instances but no side effect was life-threatening and all were reversible.

Haemopoietic: Transient neutropenia (leukopenia) has been reported. Its relationship to therapy is unknown. No irreversible haematologic toxicity has been reported.

Skin and Mucous Membranes: Skin rashes have been reported in 6 patients (0.7%), none of which could be determined as drug related. One case of urticaria was reported but its relationship to drug therapy could not be determined.

Liver: Although no direct relationship of Dalacin C to liver dysfunction has been noted, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminase) have been observed in a few instances.

Symptoms and Treatment of Overdosage: No cases of overdosage have been reported. It would be expected however that should overdosage occur gastrointestinal side effects including abdominal pain, nausea, vomiting and diarrhoea might be seen. During clinical trials one three-year-old child was given 100 mg./kg. of Dalacin C for five days and showed mild abdominal pain and diarrhoea. One 13-year-old patient was given 75 mg./kg. for five days with no side effects. In both cases laboratory values remained normal.

Overdosage should be treated with simple gastric lavage. No specific antidote is known.

Detailed information is available on request.



696 REGISTERED TRADEMARKS: DALACIN, LINCOCIN CE 5269.3

THE UPJOHN COMPANY OF CANADA / DON MILLS, ONTARIO

Upjohn

It is written in such a way as to be a handy reference for the General Practitioner. The author has stated that he has tried "to discard the minutia; of course, I have not always been successful". One of the areas where he was not successful was with the ovarian tumors. I think he went into too much detail in this chapter. The classification of the ovarian tumors is new and very useful, and maybe I am being too critical because I am too clinically orientated. My classification is much simpler. Is it physiological or do they need to see a gynecologist? This classification, of course, can come only after fifteen years experience and is definitely not applicable to the medical student or the General Practitioner removed from specialist help.

The chapter on psychosomatic gynecology is a little disappointing. I find a large part of my gynecological practice is related to this area albeit associated with anxiety and/or depression, and would have appreciated a more thorough discussion of this area. It was interesting to compare the size of chapters relating to this area and to the chapter on ovarian cancers—six pages as compared to 29 pages. In my practice the reverse order of importance would apply.

The surgical procedures involved in gynecology could have been dealt with at greater length—the book would then have been more useful to the family physician in more remote areas.

The chapters, Infertility, Paediatric Gynecology, and Counselling of Patients and Contraceptive Advice are very welcome additions to this book and the author should be commended on the manner in which he has handled them.

In summary, I liked this book. It is written in a clear concise manner, produced well and with enough illustrations and photographs to make the text completely clear. I would recommend this book for medical students, interns and for non-gynecologists as an excellent review of this important subject.

*Reviewed by W. P. Fraser, MD.
(Dr. Fraser is in group practice in Galt, Ont.)*

High
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Tetrex bidCAPS controls susceptible bacteria on an easy b.i.d. schedule at a cost lower than all other "convenience dosage" tetracyclines.

PRESCRIBING INFORMATION. *Description:* Tetrex (tetracycline phosphate complex) is more rapidly and efficiently absorbed following oral administration than the hydrochloride salt. Tetracycline serum concentrations are consistently higher (practically double) in the early hours following the oral administration of this drug than following the oral administration of tetracycline HCl in equivalent dosage. *Dosage: Adults:* The usual dose is 500 mg. twice a day. Severe or prolonged infections require higher doses. Acute Gonococcal Urethritis: 500 mg. t.i.d. for 1 day's therapy. Female patients may require more prolonged therapy. Pustular Acne: 500 mg. b.i.d. to initiate therapy. Reduce dosage as soon as pustular element is controlled. Chronic Bronchitis: 500 mg. b.i.d. Higher doses may be required to control acute episodes. *Children:* The average daily dose is 25 mg. per Kg. (2.2 lbs.) of body weight. Doses should be divided and given at 6-hour intervals. Therapy for most infections should be continued for 24-48 hours after the patient has become asymptomatic or afebrile. In acute beta-hemolytic streptococcal and certain staphylococcal infections, therapy should be continued for at

least 10 days. Flatulence, nausea or diarrhea may occur during tetracycline therapy. *Precautions:* The use of antibiotics may occasionally result in overgrowth of nonsusceptible organisms. If a superinfection occurs during therapy, appropriate measures should be taken. Tetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans. However, use of tetracycline during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of the teeth (yellow-grey-brownish). This effect occurs mostly during long-term use of the drug but it has also been observed in usual short treatment courses. *Warning:* If renal impairment exists, even usual oral or parenteral doses may lead to excessive systemic accumulation of the drug and possible

liver toxicity. Under such conditions, lower than usual doses are indicated, and if therapy is prolonged, tetracycline serum level determinations may be advisable. *Supply:* Tetrex bidCAPS (tetracycline phosphate complex). 500 mg. capsules, bottles of 8 and 50. [†]Trademark for a brand of capsules. Bristol Laboratories of Canada Authorized Dealer

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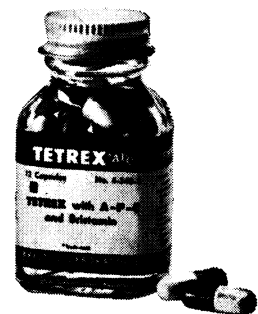


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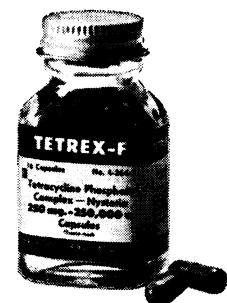


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The Role of the General Hospital In Health Care — Part Two

W. I. TAYLOR, MD

ABSTRACT

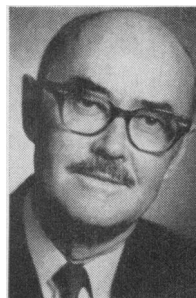
The aim of this article is to provoke dialogue and to initiate change. Costs of health care are alarming. Our inability to respond effectively to the demand for total health care is frustrating. This is the second article in a series on hospitals. The next article will look at unmet health care needs and underutilized health care resources and seek to identify the group practice of medicine as the logical centre for orientation of other than general hospital health services.

THE PRECEDING ARTICLE IN THIS SERIES urged us to "recognize that we are approaching a crisis in our ability to respond to health care expectations. Particularly, we should attempt now to define what is the proper and prudent hospital role in the provision of health care".

Any inquiry into the general hospital's proper and prudent role clearly compels us to look at past history. It is said that the disability of the aged is not so much caused by loss of cerebral ability as by loss of memory. The confused geriatric patient can think and act, but since he has lost the memory which he formerly used to judge the appropriateness of personal acts, his conduct becomes bizarre. Any understanding of the present-day general hospital must likewise include a proper knowledge of, and regard for, influences of the past. Otherwise our development of health service delivery systems will become increasingly more inconsistent and inappropriate.

The Hospital's History—Care of the Catastrophe

In ancient times, there were no hospitals as such. In early Greek and Roman times, the temples of the gods served as places where the sick congregated. In even older civilization, the mass psychology derived from engaging in unison in liturgical activity before the altar fires produced a health benefit. Individual cries for cleansing and wholeness were joined with those of others who also were imploring the deity for aid



Dr. Taylor is a former Executive Director of the Canadian Council on Hospital Administration.

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1.0 mg Norethindrone,
and
50 mcg Mestranol

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NORINYL-1 (28's)—Start the first cycle of medication on Day 5 of the menstrual cycle (counting the first day of menstrual flow as 'Day 1') by taking one white tablet daily for 21 consecutive days, followed by one orange tablet daily for 7 days, thus completing a 28-day course of medication. On the following day (day 29) begin another 28-day course of medication and repeat for all subsequent cycles. A pill is taken every day regardless of whether menstrual bleeding has appeared, is continuing, or finished.

CONTRAINDICATIONS

Contraindicated in patients with undiagnosed vaginal bleeding; carcinoma of the breast or genital tract; history of cerebrovascular accident; presence of exophthalmos or migraine; thrombophlebitis; thrombotic phenomena; significant liver dysfunction or hepatic pathology; ocular lesions associated with neurovascular disease (i.e., partial or complete loss of vision, visual field defects or diplopia); incomplete epiphyseal closure; patients who are nursing; suspected pregnancy.

PRECAUTIONS AND WARNINGS

Prior to drug administration, a thorough physical examination should be given, with special attention to the breasts and pelvic organs. Pre-existing uterine fibroids may increase in size. The conditions of epilepsy, migraine, asthma, cardiac or renal dysfunction should be carefully observed, since progestational agents may cause mild fluid retention. Observe patients with a history of psychic depression and discontinue the drug if depression continues or recurs to a marked degree. When breakthrough bleeding occurs, consider the possibility of nonfunctional causes. Pregnancy or other causes should be ruled out before therapy is continued in any patient missing two consecutive menstrual periods.

Complete prescribing information on request.

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1. Delforge, J.P. and Ferin, J.: *Contraception*. 1 (1), 57-72, Jan. 1970.

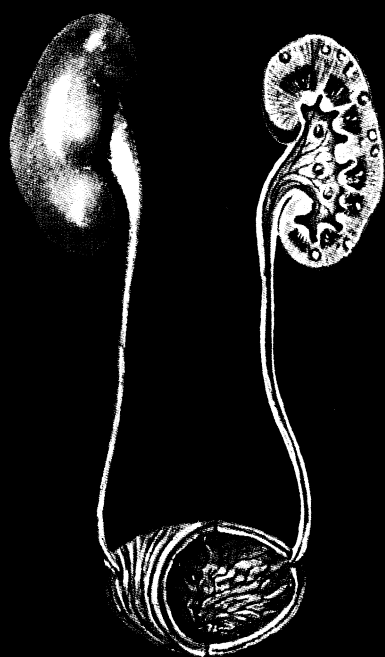
2. Greenblatt, R.B.: *Medical Science* 18, 37-49, May 1967. (Table 2, page 41).

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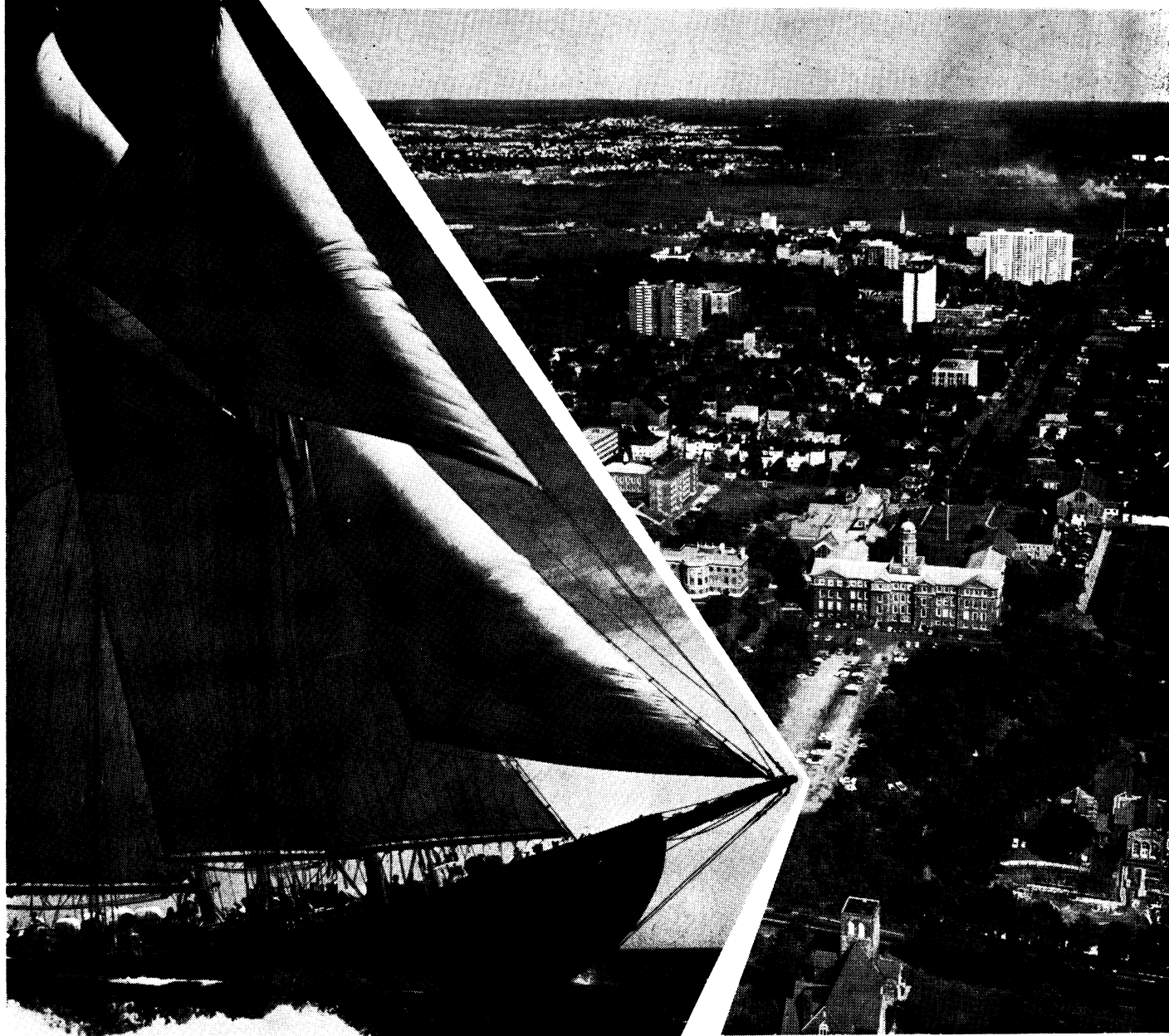
HELPS PREVENT THE ACUTE URINARY TRACT INFECTION FROM BECOMING CHRONIC

Dosage: Average daily adult dosage is one capsule (150 mg.) q.i.d., or 2 capsules (150 mg.) b.i.d. or one tablet (300 mg.) b.i.d. Pediatric daily dosage is 3 to 6 mg. per pound of body weight divided into 2 or 4 doses, dependent upon the severity of the disease. **Warning:** If renal impairment exists, even usual doses may lead to excessive systemic accumulations of the drug and possible liver toxicity. Under such conditions, lower than usual doses are indicated and if therapy is prolonged, demethylchlortetracycline serum level determinations may be advisable. **Availability:** 150 mg. capsules (coral); 300 mg. film coated tablets (red); 75 mg./5 cc. syrup (cherry flavour); 60 mg./cc. pediatric drops (cherry flavour). Detailed therapeutic information is readily available on request and in your Vademecum International or Compendium of Pharmaceuticals and Specialties.

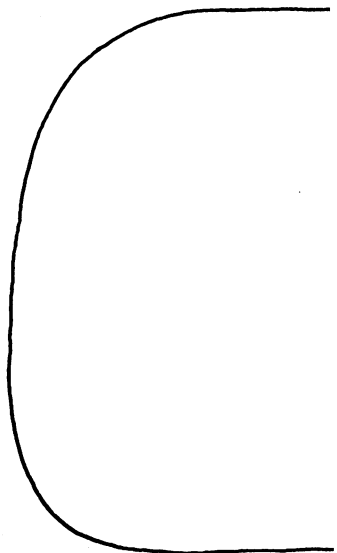
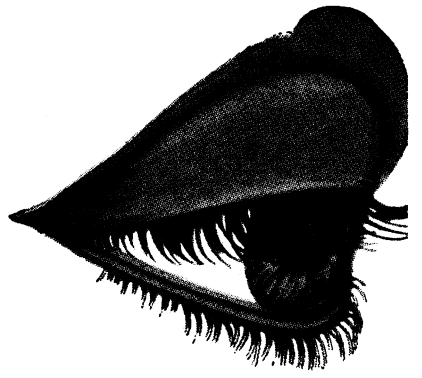


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GARAMYCIN* (gentamicin 0.3%)

Schering's newest ophthalmic for control of common as well as stubborn infections of the eye. Garamycin (gentamicin) has an ideal antibacterial spectrum for ocular infections and marks a significant advance in ophthalmic therapy. It is bactericidal against a wide variety of gram-positive and gram-negative bacteria, including penicillin-resistant Staphylococcus, as well as Pseudomonas and Proteus.¹

Virtually, no sensitivity reactions to Garamycin have been reported and irritation is rare.

Garamycin Ophthalmics are available in two forms . . . solution and ointment. Garamycin Ophthalmic Solution is ready to use and stable for two years.

Indications: For the treatment of superficial infections of the conjunctiva, cornea, eyelids, tear ducts and skin adjacent to the eye. **Precautions:** Use of topical antibiotics occasionally allows overgrowth of nonsusceptible micro-organisms such as fungi. If this occurs, treatment should be discontinued and appropriate therapy initiated.

Available as: Garamycin Ophthalmic Solution (0.3%) in

5 ml. plastic dropper bottles. (Each ml. of Garamycin Ophthalmic Solution contains 5 mg. gentamicin sulphate — equivalent to 3.0 mg. gentamicin base). Garamycin Ophthalmic Ointment (0.3%) in ½ oz. tubes with ophthalmic applicator tip. (Each gram of Garamycin Ophthalmic Ointment contains 5 mg. of gentamicin sulphate — equivalent to 3.0 mg. gentamicin base).

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When allergy, inflammation and infection co-exist. Treatment with combined corticosteroid/sulfonamide therapy. A colloidal solution that forms a tenacious but crystal-clear film which is not readily washed away by lacrimal fluid.

Indications: For prophylaxis and local treatment of superficial ocular inflammatory, allergic, and/or infectious conditions known to respond to corticosteroid/sulfonamide therapy. **Contraindications:** Herpes Simplex Corneae and those conditions listed on each package insert. **Precautions:** Extended use of topical steroid therapy

may cause increased intra-ocular pressure in certain individuals, and in those diseases causing thinning of the cornea, perforation has been known to occur. **Available as:** Celestone-S Colloidal Eye Drops — in 2.5 ml. and 5 ml. dropper bottles.

METIMYD* (prednisolone acetate 0.5% and sodium sulfacetamide 10%)

For simultaneously combating infection, inflammation and allergy. Ophthalmic Suspension combines prednisolone acetate for intensified steroid action and Sodium Sulamyd for wide-range antibacterial therapy. The Ointment with Neomycin contains prednisolone and sodium sulfacetamide in the same concentration as the Suspension, but with the addition of 5 mg./gm. (0.5%) of Neomycin.

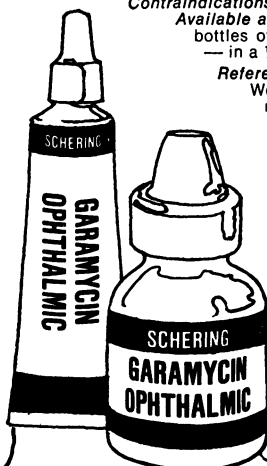
Contraindications and Precautions: The same as listed under CELESTONE-S.

Available as: METIMYD Ophthalmic Suspension — in plastic dropper bottles of 5 ml. METIMYD Ophthalmic Ointment with Neomycin — in a ½ oz. Tube.

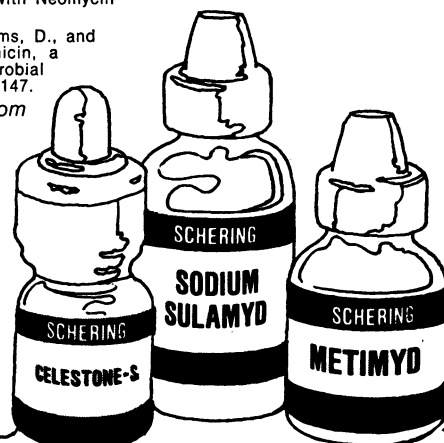
*Reg. T.M.

References: 1: Black, J., Calesnick, B., Williams, D., and Weinstein, M.J.: Pharmacology of gentamicin, a new broad-spectrum antibiotic. Antimicrobial Agents and Chemotherapy 1963, pp. 138-147.

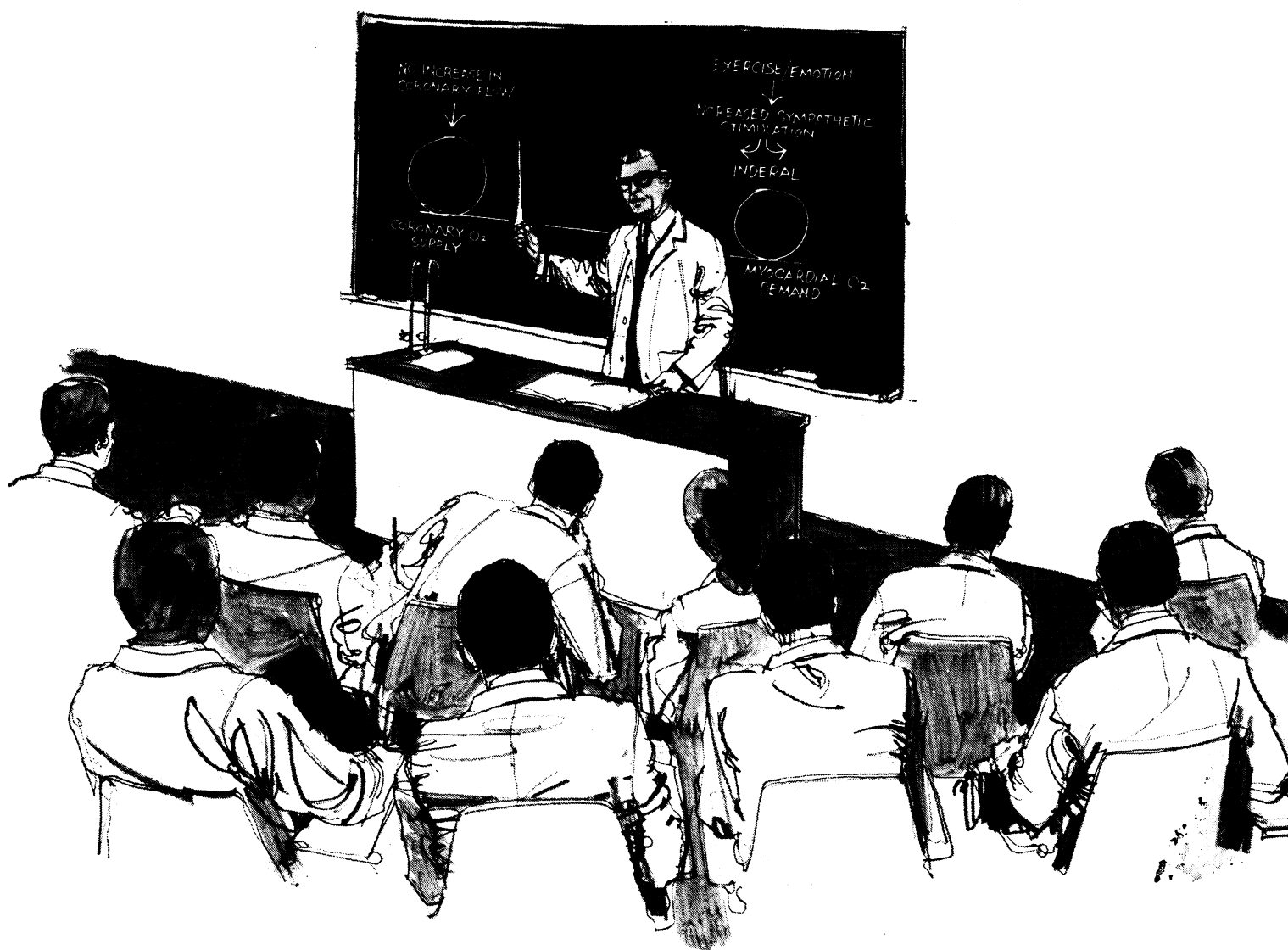
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for effective prophylaxis
and control of angina
pectoris is propranolol
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Inderal"*



Inderal introduces into clinical practice the first beta-adrenergic receptor blocking agent and offers a completely new approach in the treatment of angina pectoris, cardiac arrhythmias, the management of hypertrophic subaortic stenosis, and pheochromocytoma.

Hamer and Sowton, Birkett and Chamberlain, Conn and Bruce, and Mizgala et al have demonstrated that Inderal, given intravenously or orally to patients exercising on a bicycle or treadmill, prevented or delayed anginal attacks. Inderal also increased the patients' capacity to work at



*“Then a real therapeutic value can be attributed to **Inderal**?”*

*“Most certainly! **Inderal** increases patients’ capacity for work or play, reduces requirements for nitroglycerin, and reduces the incidence and severity of anginal pains.”*

lower heart rate than during control exercise periods.

Moreover, numerous controlled double-blind trials have proved that Inderal, in appropriate oral doses, resulted in statistically significant benefits compared with placebo medication. Many patients reported decreased anginal attacks, decreased nitroglycerin requirements and increased physical activity. Patients also exhibited a slower pulse rate, generally without affecting blood pressure. These changes were often reversed when patients were transferred to placebo medication.

The degree of benefit was proportional to the dosages, which ranged from 40 mg to 400 mg per day, orally in divided doses. Complications were less frequent than expected and responded to the usual therapeutic measures.

“So, this is the most dramatic advance in the long-term treatment of angina pectoris.”

“Yes, I believe it is.”



Inderal^{*}

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Inderal*

DOSAGE AND ADMINISTRATION ORAL

Angina Pectoris

Initially, 20 mg, three to four times daily, before meals and at bedtime. Thereafter, and over the course of one week, dosage should be increased gradually to 40-60 mg, three to four times daily. Occasionally, doses as high as 320-400 mg have been administered safely with beneficial results to patients with resistant angina, but such doses are not generally required.

Arrhythmias 10-30 mg three or four times daily, before meals and at bedtime.

Hypertrophic Subaortic Stenosis 20-40 mg, three or four times daily, before meals and at bedtime.

Pheochromocytoma

Preoperatively — 60 mg daily, in divided doses, for three days prior to surgery, concomitantly with an alpha-adrenergic receptor blocking agent.

Malignant cases — 30 mg daily, in divided doses.

INTRAVENOUS

Cardiac Arrhythmias

1-3 mg, at a rate of 1 mg (1 ml) per minute. A similar dose may be repeated after two minutes, depending upon the response.

Note: Usual dosage of 1-3 mg should be administered under ECG monitoring wherever practicable. The rate of administration should not exceed 1 mg (1 ml) per minute. Sufficient time should be allowed to enable a slow circulation to carry the drug to the site of action. Once an alteration in rate or rhythm is noted, it is advisable to give no further Inderal until the full effect is observed.

Depending upon the response, a second dose may be repeated after two minutes. Additional medication should not be given unless it is clear that the desired therapeutic effect has not been achieved and no adverse effects, particularly bradycardia or congestive heart failure, have occurred. In the therapy of cardiac arrhythmias, it is seldom necessary to give doses greater than 10 mg intravenously.

Should excessive bradycardia occur, atropine 0.5 to 1.0 mg should be administered intravenously.

CONTRAINDICATIONS

1. Bronchial Asthma

2. Allergic Rhinitis (during pollen season)

3. Sinus Bradycardia (and greater than second degree or total heart block)

On occasion, the administration of Inderal has resulted in sinus bradycardia due to unopposed vagal activity and has been corrected by atropine.

4. Cardiogenic Shock

5. Right Ventricular Failure (secondary to pulmonary hypertension)

6. Congestive Heart Failure

Predictably, Inderal may worsen frank congestive failure. While the correction of a major arrhythmia may decrease congestive failure, and Inderal intravenously has been useful in this application, prior digitalization should be combined with small doses of Inderal, repeated only if indicated and carried out under constant electrocardiographic monitoring. Inderal does not abolish the positive inotropic action of digitalis glycosides.

Patients without a history of cardiac failure have also occasionally developed failure, or patients in incipient failure have developed overt congestive failure after treatment with Inderal. In such cases, the action taken will depend on the response of the patient to Inderal. If unsatisfactory, Inderal should be stopped immediately. If the response is good, patients should be fully digitalized and observed closely. If failure persists, Inderal should be withdrawn completely. The number of patients presenting difficulties of this kind is small in relation to the total number treated.

7. Chloroform and Ether Anesthesia

NOTE: FOR PRECAUTIONS AND ADVERSE REACTIONS: See Scientific Brochure.

AVAILABILITY

No. 3461, Inderal 10 mg, in bottles of 100 buff-colored, scored tablets.

No. 3464, Inderal 40 mg, in bottles of 100 green, scored tablets.

No. 3265, in 1 ml ampuls containing 1 mg, packed in cartons of 10.

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Composition: Each tablet contains 40 mg. furosemide. **Indications:** Mild to moderate hypertension, or with other hypotensives in severe cases. Edema associated with congestive heart failure, cirrhosis of the liver, renal disease including the nephrotic syndrome, as well as other edematous states, e.g., premenstrual tension. **Contraindications:** Complete renal shutdown. Discontinue if increasing azotemia and oliguria occur during treatment of progressive renal disease. In hepatic coma and electrolyte depletion, do not institute therapy until the basic condition is improved or corrected. Until further evidence has been accumulated, do not administer to children. **Hypersensitivity. Warnings:** Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effects of tubocurarine. Exercise caution in administering curare or its derivatives during Lasix therapy. Discontinue 1 week prior to elective surgery. **Precautions:** Sodium intake should not be less than 3 Gm./day. Potassium supplements should be given when high doses are used over prolonged periods. Caution with potassium levels is desirable when on digitalis glycosides, potassium-depleting steroids, or in impending hepatic coma. Potassium supplementation, diminution in dose, or discontinuation of Lasix may be required. Aldosterone antagonists should be added when treating severe cirrhosis with ascites. As with any new drug, observe for the possible occurrence of blood dyscrasias, liver damage or idiosyncratic reactions. **Pregnancy:** Reproduction studies in animals have produced no evidence of drug-induced fetal abnormalities. Lasix has had only limited use in pregnancy and should be used only when deemed essential. Check urine and blood glucose as decreased glucose tolerance has been observed. Check serum calcium levels as rare cases of tetany have been reported. Patients receiving high doses of salicylates with Lasix may experience salicylate toxicity at lower doses. **Adverse reactions:** As with any effective diuretic, electrolyte depletion may occur especially with high doses and restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting and/or mental confusion. Check serum electrolytes, especially potassium, at higher dose levels. In edematous hypertensives receiving antihypertensives, reduce the dosage of these drugs since Lasix potentiates their hypotensive effect. Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen especially in renal insufficiency. Dermatitis, pruritus, paresthesia, blurring of vision, postural hypotension, nausea, vomiting, or diarrhea may occur. Anemia, leukopenia, and thrombocytopenia (with purpura) and rare cases of agranulocytosis have occurred. Weakness, fatigue, dizziness, muscle cramps, thirst, increased perspiration, bladder spasm and symptoms of urinary frequency may occur. **Overdosage:** Symptoms: Dehydration and electrolyte depletion. Treatment: Discontinue drug and institute water and electrolyte replacement. **Dosage—hypertension:** Usual dosage is 40 to 80 mg. (1 to 2 tablets) daily. Individualize therapy and adjust dosage of concomitant hypotensive therapy. **Dosage—edema:** Usual initial dosage is 40 to 80 mg. (1 to 2 tablets). Adjust according to response. If diuresis has not occurred after 6 hours increase dosage by increments of 1 tablet (40 mg.) as frequently as every 6 hours if necessary. The effective dose can then be repeated 1 to 3 times daily. A maximum daily dose of 200 mg. should not be exceeded. Maintenance dosage must be adjusted individually. An intermittent dosage schedule of 2-4 consecutive days each week may be utilized. With doses exceeding 120 mg./day, clinical and laboratory observations are advisable. **Supply:** White, round, scored 40 mg. tablets (Code DLI) in bottles of 50 and 500. Complete information on request.



HOECHST
PHARMACEUTICALS
3400 JEAN TALON W., MONTREAL 301
DIVISION OF CANADIAN HOECHST LIMITED

755/710/H

Reg. Hoechst TM

Lasix[®] relieves hypertension

safely

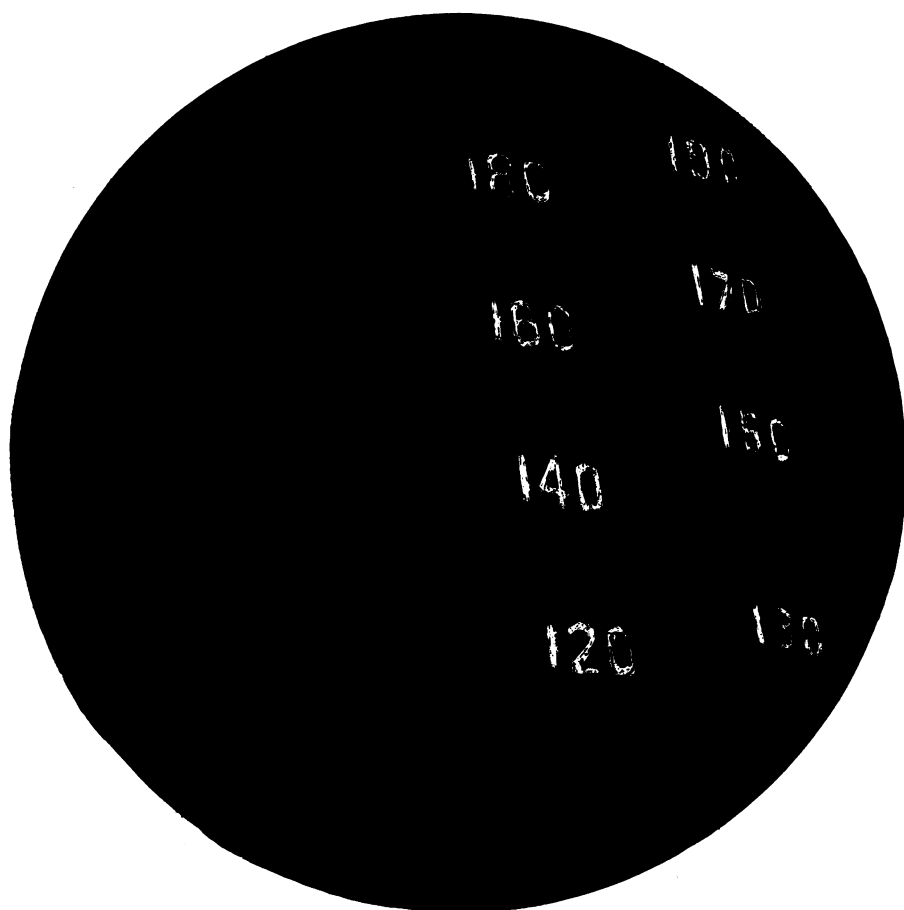
In the treatment of mild to moderate hypertension, safety is of prime consideration. Most hypertensive patients have some degree of impaired renal function.¹ The thiazides further aggravate renal impairment by reducing renal blood flow and glomerular filtration rate.² In contrast to the thiazides, Lasix lowers renal vascular resistance, thus improving rather than impairing renal function.³ And Lasix assures a significantly better electrolyte balance and consistently less potassium loss than the thiazides.⁴ Because of these specific advantages, of particular importance in long-term therapy, Lasix is the diuretic of choice in hypertension.

effectively

In the treatment of mild to moderate hypertension, clinical evidence has established that Lasix is clearly as effective as the thiazides. But unlike the thiazides, Lasix is effective even in patients with impaired renal function.⁵ In severe hypertension, Lasix is effective when used in combination with other antihypertensive agents. The continuing efficacy and safety of Lasix in lowering blood pressure make it the diuretic of choice for initial and maintenance therapy in hypertension.

predictably

In the treatment of mild to moderate hypertension, Lasix demonstrates a predictable, sustained antihypertensive action. The blood pressure-lowering effect of Lasix lasts up to 24 hours,⁶ thus providing smooth, continuous control of hypertension, even in prolonged administration. And predictable response also provides an easy-to-manage, easy-to-follow regimen. Lasix assures reliable, continuing efficacy in the long-term management of hypertension.



**Lasix, the antihypertensive
to begin with . . . and stay with**



(1) Moyer, J. H., Heider, C., Pevey, K. and Ford, R. V.: *Am. J. Med.*, 24:164, 1958. (2) Kirkendall, W. M. and Wilson, C. B.: *Med. Clin. of N. A.*, 52: 1157, 1968. (3) Hook, J. B., Blatt, A. H., Brody, M. J. and Williamson, H. E.: *Clin. Res.*, 13: 424, 1965. (4) Mahabir, M. and Laufer, S. T.: *Arch. Intern. Med.*, 124: 1, 1969. (5) Joynt, M.S.K. and Morrin, P.A.F.: *C.M.A.J.*, 99: 1256, 1968. (6) Atkins, L.L.: *Geriatrics*, 21: 143, 1966.

GP Wanted

General practitioner to join busy two-man practice in Saskatoon. Please state age and qualifications.

Box 1562,
Saskatoon,
Sask.

ers residence at present market value. Available after July 1st.

Contact: *Dr. S. P. Kandel,*
P.O. Box 300,
Port Perry, Ont.

Lakeshore General Hospital. Four bedroom house, attached furnished and equipped office. Doctor leaving for academic appointment.

Contact: *Dr. C. A. Johnson,*
P.O. Box 370,
Hudson, P.Q.

Associate Wanted

Locum wanted as associate to join solo General Practitioner in New Offices 40 miles away from University Town. Some experience in Anaesth. and Surgery required. 26-bed hospital with plans for expansion in progress. Population service approx. 8,000. Salary \$1400 per month with prospect of appreciable increase and opportunity for partnership.

S. J. Robbie, MD,
Beausejour Medical Center,
P.O. Box 970,
Beausejour, Man.

Position Wanted

General Practitioner: Irish graduate; married; Canadian experience includes 8 months rotating residency internal medicine; 6 months residency obstetrics & gynecology and paediatrics; 6 months general practice (to date) Toronto, with hospital admitting facilities, wishes to relocate in Vancouver or nearby. Available on October 1, 1970.

Box 600,
Canadian Family Physician

Locum Available

British doctor, on sabbatical leave in Canada during June, July and August 1971 would like locum work during this time. Aged 36, married, four years experience as GP, two-and-a-half years as locum in general practice. Please contact:

J. Briscoe, MD.,
Eton Court House, Eton
Windsor, Berks.,
England

For Rent

Doctor's Office and Home for Rent. Toronto, at subway station and 3 bus lines. Garage, large quiet garden, close to schools. District with new highrise apartments needs more GPs.

Call 762-0984, evenings

Recent Graduate

We are looking for a recent graduate who is interested in practicing family medicine in this rural but rapidly developing dormitory suburb of Toronto. Our local hospital in Richmond Hill, is family practice oriented, and is in the throes of expansion to 600 beds.

Dr. M. P. Granger,
Maple, Ont.

GP Wanted

General Practitioner wanted to join two others in group family practice with obstetrics. Full association after 6 months if mutually agreeable. Fee-for-service, shared expenses, modern offices, good local hospital facilities, opportunity post graduate studies. Self contained community, close to large metro area of Halifax/Dartmouth cities, sailing, fishing, golf, etc. nearby. Excellent opportunity for ambitious man.

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Sunnyside Plaza,
Bedford, N.S.
Canada

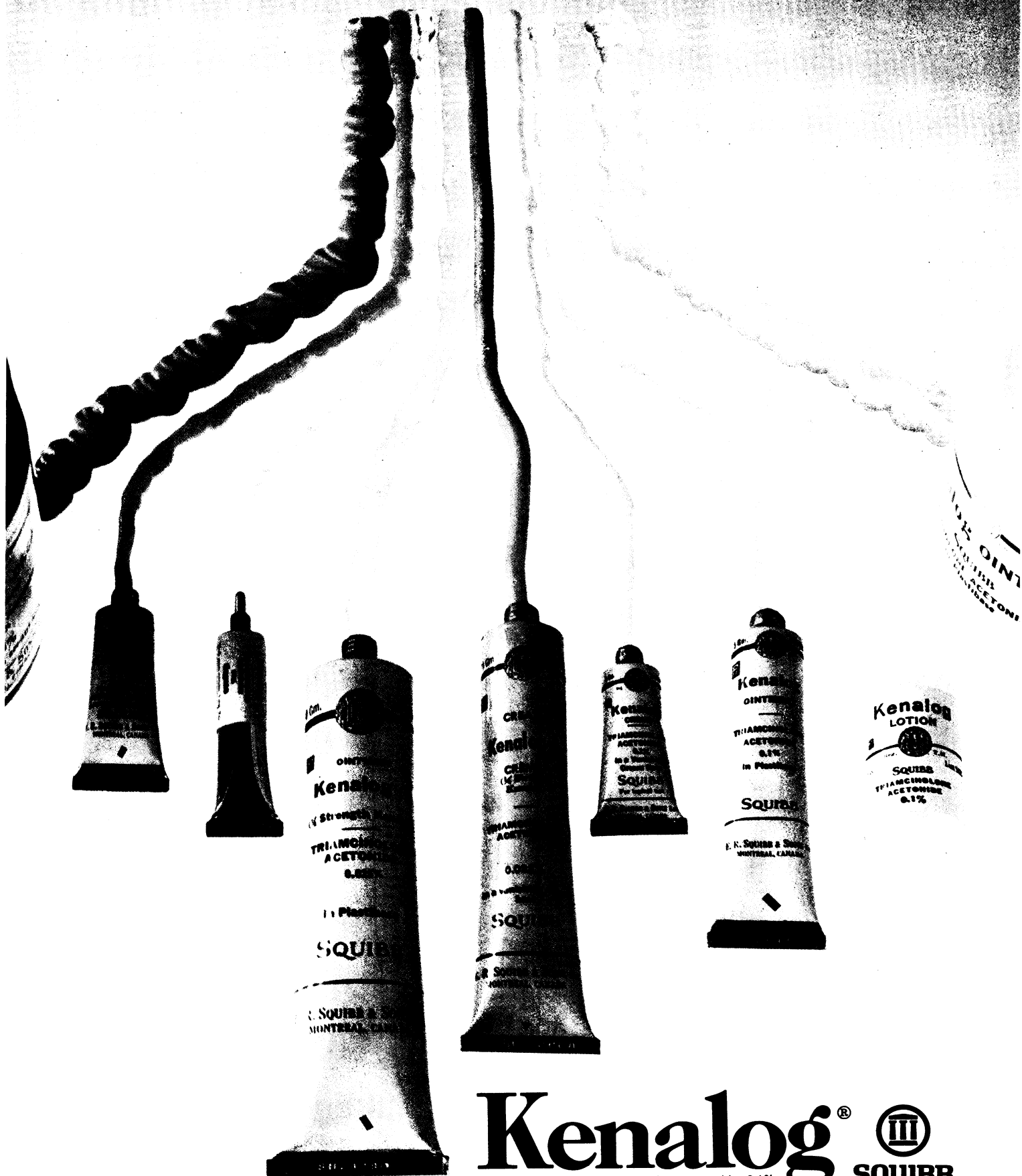
Practice Available

Group Practice 45 miles East of Toronto. Resort area on lake. Office space available at nominal rent, share expenses with 3 other GPs. 48-bed new hospital in town with open privileges. Conditions for sale: applicant should buy own-

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Available this summer. Established family practice located in Hudson, P.Q. on the Ottawa River, 25 miles west of Montreal, 20 minutes from

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Kenalog®  **SQUIBB**
Squibb triamcinolone acetone, 0.1%
Squibb Quality—the Priceless Ingredient

Full information is available on request



Most hypertensive patients are 'rautractable'

In the treatment of hypertension, lowering blood pressure is only one of the physician's problems.

In most cases, the emotional fluctuations, often associated with the disease, must also be alleviated for successful long term management.

Along with advice, to help patients adjust to life's pressures

and learn to live with their hypertension, judicious use of Rautractyl is therefore regarded as basic first-line therapy.

Rautractyl helps calm anxious and tense patients through the gentle tranquilizing action of its Rauwolfia component. Simultaneously, blood pressure is stabilized by the complementary antihypertensive effects of Rauwolfia and thiazide in combination.

When a comprehensive effect is desired, even in patients with early essential hypertension, Rautractyl may be started with confidence.

Many years of use attest to the effectiveness and tolerability of Rautractyl. This long experience clearly shows that a vast number of hypertensive patients are indeed Rautractable.

Rautractyl[®]



SQUIBB

Squibb bendroflumethiazide, rauwolfia serpentina and potassium chloride

Squibb Quality — the Priceless Ingredient

Indications: Essential hypertension. **Contraindications:** Hypersensitivity to thiazides, other sulfonamide-derived drugs or Rauwolfia, severe renal disease, azotemia, anuria or severe hepatic disease; mental depression, suicidal tendencies, active peptic ulcer and ulcerative colitis. **Warnings:** A probable association exists between the use of coated tablets containing potassium salts, with or without thiazide diuretics, and the incidence of serious small bowel ulceration. Such preparations should be used only when adequate dietary supplementation is not practical and should be discontinued if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occur. Use cautiously in pregnant or lactating patients or in women of childbearing age. The drug crosses the placental barrier and may cause blood dyscrasias or other serious reactions. Discontinue the drug two weeks before ECT to avoid severe or fatal reactions. Activation of systemic lupus erythematosus may occur. Accumulation of the drug and azotemia may occur in patients with impaired renal function. Use cautiously in patients with impaired hepatic function. **Precautions:** When adding Rautractyl to ganglionic blocking agents, guanethidine, veratrum, hydralazine or methyldopa, reduce the dosage of these drugs by 50%. Blood pressure reduction must be constantly monitored. Orthostatic hypotension may occur and is aggravated by CNS depressants. Discontinue therapy two weeks prior to elective surgery. Increased responsiveness to pre-anesthetic and anesthetic agents and tubocurarine, and decreased arterial responsiveness to norepinephrine may occur. Use cautiously with digitalis and quinidine. Watch patients for reactivation of peptic ulcer. Electrolyte imbalance may occur especially in patients with cirrhotic edema and ascites, in the debilitated, aged and patients taking steroids, ACTH or digitalis. Serum PBI levels may be decreased. **Adverse reactions:** The following have been reported with thiazide and Rauwolfia ingredients: increased glycemia, glycosuria and metabolic acidosis in diabetic patients; increased serum uric acid levels, G.I. disturbances, muscular or abdominal cramps, pruritus, paresthesias, headache, weakness, dizziness, vertigo, restlessness, rash, urticaria, ecchymoses and photosensitivity. Angina-like symptoms, arrhythmias, bradycardia, CNS reactions, nasal congestion, dryness of mouth, impotence or decreased libido, dysuria, weight gain and reversible extrapyramidal symptoms have been reported. Jaundice or other liver disturbances, purpura and other blood dyscrasias, acute pancreatitis, xanthopsia, and necrotizing angitis have also been reported. **Dosage:** Rautractyl-2: Initially — 2 to 6 tablets daily. Maintenance — 2 to 4 tablets daily. Rautractyl-4: Initially — 1 to 4 tablets daily. Maintenance — 1 to 2 tablets daily. **Complete prescribing information available on request.**

The College of Family Physicians of Canada

POSTGRADUATE STUDY AWARDS (SCHERING) 1970

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Dr. A. A. A. Dunn, 22 Central Avenue, Brockville.
Dr. N. Pohran, Medical Arts Building, 2150 Valley Way, Niagara Falls.
Dr. N. E. Hunt, General Delivery, Huntsville.
Alternates:
Dr. E. R. S. Wyatt, 2 Park Avenue West, Elmira.
Dr. D. J. R. Petrie, 200 Main Street West, Stouffville.
Dr. G. R. Walker, 65 Victoria Avenue, Chatham.
Dr. M. Robinson, 340 North Christina Street, Sarnia.
Dr. K. L. Baxter, Box 1240, Bracebridge.

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Dr. J. H. Crust, 1088 Pembina Highway, Winnipeg.
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Dr. W. W. Albi, 343 Tache Avenue, St. Boniface.

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New Menotrol[®] SQUIBB conjugated estrogens for the menopause and after

...make a difference in her life—
prescribe Menotrol

Brief prescribing information

Description: Menotrol is a mixture of purified, water-soluble conjugated estrogens in tablet form.

Contraindications: Patients with a history of established or suspected genital malignancy; women with mammary carcinoma who are premenopausal or less than 5 years past natural menopause; family history of cancer or precancerous lesions; thrombophlebitis, pulmonary embolism and liver dysfunction or disease.

Warning: Discontinue medication if there is sudden loss of vision, proptosis, diplopia or migraine.

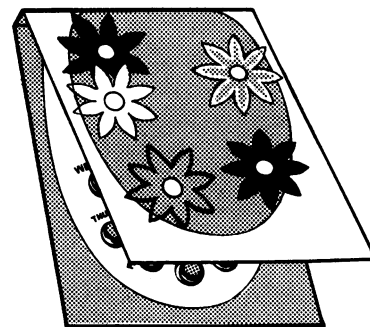
Precautions: Cyclic therapy is advisable. If non-cyclic therapy is prescribed, check routinely for signs of hyperestrinism. Use with caution in patients with epilepsy, edema, cardiac or renal disease or with a history of cerebrovascular accident. Pre-existing uterine fibroids may increase in size. PBI determinations should not be considered definitive unless Menotrol therapy has been discontinued for 60 days before the test. Endocrine and liver function tests are affected by Menotrol therapy. Patients with metabolic bone disease and diabetics should be carefully observed.

Adverse reactions: Nausea, vomiting, abdominal cramps, mild diarrhea, anorexia, headache, dizziness, chloasma, cholestatic jaundice, erythema multiforme, hemorrhagic eruption, allergic rash, pruritus, edema, loss of scalp hair and blood pressure elevation in susceptible individuals have been reported after estrogen therapy.

Dosage and administration: 1.25 to 3.75 mg daily. After control of symptoms, dosage should be reduced to a maintenance level. Cyclic therapy is recommended.

Supply: 0.625 mg and 1.25 mg tablets in cyclic therapy packs of 3 x 21 tablets. Also 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg tablets in bottles of 100.

*Complete prescribing information available on request.



SQUIBB 

Squibb Quality — the Priceless Ingredient



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Allergy fighter.

**Chlor-Tripolon* Repetabs* 12 mg.,
knocks out allergy symptoms...not your patients.**

Chlor-Tripolon Repetabs 12 mg., is a highly effective antihistamine indicated for all allergic conditions responsive to antihistamines. Its major therapeutic advantages include a high order of safety and

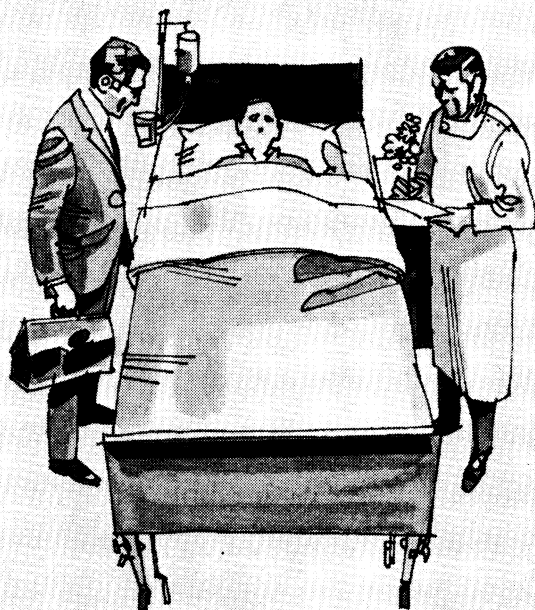
lower dosage. Action is usually rapid, providing 8 to 12 hours prolonged, sustained relief with a single medication (B.I.D. dosage). Side effects, such as drowsiness, nausea and dizziness occur much

less frequently with Chlor-Tripolon than with similar preparations.

Chlor-Tripolon (Chlorpheniramine Maleate U.S.P.) is also available in Repetabs 8 mg., tablets 4 mg., syrup and injectable forms.

*Reg. T.M.

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Dans les cas d'infections inquiétantes, utilisez Céphaloridine BDH.

Céphaloridine est le nouvel antibiotique semi-synthétique dont aucun hôpital ne saurait se passer. Il pourrait bien sauver la vie de votre patient. Voici pourquoi.

Céphaloridine vous arme contre une grande variété d'infections. Tout spécialement lorsque les patients sont allergiques à la pénicilline.

L'utilisation de Céphaloridine dans les hôpitaux offre de nombreux avantages. Il tue rapidement une grande variété d'organismes Gram positifs et Gram négatifs; c'est un bac-

téricide puissant contre les staphylocoques résistants à la pénicilline; il n'y a pas de réactions allergènes croisées avec d'autres antibiotiques; l'agglutination des protéines ne se manifeste pas de façon significative; il peut être administré aux jeunes patients comme aux vieux; la douleur et l'irritation causées par son injection sont très minimes.

La Céphaloridine BDH devrait faire partie de toutes les pharmacies d'hôpitaux. Veuillez à ce que votre hôpital en fasse ample provision. Il pourrait sauver une vie.



BDH PHARMACEUTICALS

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Céphaloridine BDH.

DESCRIPTION: La céphaloridine B.D.H. est un antibiotique semi-synthétique dérivé d'un antibiotique de la même famille, la céphalosporine C, et se présente sous la forme d'une poudre cristalline hydrosoluble.

INDICATIONS: Les infections causées par les bactéries Gram positives suivantes: *Staphylococcus aureus*, *Streptococcus pyogenes*, *Streptococcus viridans*, *C. Diphtheriae* et *D. pneumococcus*, souches dont la plupart sont détruites, in vitro, par une concentration d'au plus 1 µg/ml. La plupart des souches de *E. Coli*, *Proteus mirabilis*, *Klebsiella spp.*, *H. influenzae*, *N. gonorrhoeae*, *N. catarrhalis* sont également détruites, in vitro, par une concentration de 8 µg/ml. Les infections où la pénicilline ne peut pas être employée: organisme pénicillino-résistant, infection probablement mixte, malade déjà sensibilisé à la pénicilline.

ADMINISTRATION: La céphaloridine B.D.H. est administrée par voie parentérale: injection ou goutte-à-goutte intraveineux. L'injection intramusculaire ou sous-cutanée profonde est la voie la plus couramment utilisée; elle est habituellement indolore, même si elle est répétée. De fortes doses administrées par goutte-à-goutte intraveineux n'ont pas provoqué de phlébite. On ne recommande pas l'injection intraveineuse d'une solution concentrée. La concentration maximum du médicament dans le sang survient 30 minutes environ après l'injection et elle se maintient à un niveau thérapeutique durant 6 à 8 heures.

POSOLOGIE: Un tableau permettant de calculer la posologie est inclus dans l'emballage. Administrée à raison de 20 mg/kg/jour, la céphaloridine détruit les microbes Gram positifs, tandis que les infections mixtes ou attribuables à des organismes Gram négatifs réagissent habituellement à 40 mg/kg/jour. On a déjà employé de plus fortes doses allant jusqu'à 100 mg/kg/jour dans certains cas: infection grave d'étiologie inconnue, endocardite lente, septicémie, infections postopératoires, ostéomyélite et péritonite. L'expérience clinique à l'aide de doses élevées étant restreinte, il est probablement imprudent d'administrer plus de 6 grammes par jour aux adultes et il faut surveiller étroitement le malade afin de dépister tout effet secondaire.

PRÉCAUTIONS ET CONTRE-INDICATIONS: L'expérience humaine avec la céphaloridine étant restreinte, on ne doit pas l'administrer à des femmes en âge d'enfanter à moins que le médecin juge qu'il est essentiel à la santé de la malade.

Il est nécessaire, au cours du traitement, de faire des épreuves de la fonction rénale et de la coagulation, et de mesurer le nombre des leucocytes et des plaquettes. Il faut surveiller étroitement la fonction rénale et les concentrations de céphaloridine chez les malades souffrant d'insuffisance rénale. Ce médicament, inefficace contre les protozoaires, les helminthes et les champignons, y compris *Candida albicans*, exerce une faible activité contre *M. tuberculosis*. *Brucella abortus*, *Ps. pyocyanea* et *Proteus*, à l'exception de *Proteus mirabilis*, ne sont pas sensibles à cet antibiotique et la sensibilité des souches de *Streptococcus faecalis* et d'*Aerobacter aerogenes* est variable. Règle générale, les organismes qui deviennent résistants à d'autres antibiotiques restent sensibles à la céphaloridine B.D.H.; c'est ainsi que les staphylocoques pénicillino-résistants sont habituellement sensibles à la céphaloridine B.D.H.

EFFETS SECONDAIRES ET TOXICITÉ: Des doses quotidiennes de 6 g de céphaloridine B.D.H. peuvent provoquer la formation, parfois accompagnée de protéinurie, de cylindres hyalins et granuleux dans l'urine, mais sans altérer la fonction rénale; ces effets disparaissent quand on cesse le traitement. On a rapporté de rares cas de neutropénie et d'agranulocytose temporaires, ainsi qu'une élévation passagère de la T.G.O.S. On a observé des éruptions cutanées bien qu'en général les malades hypersensibles à la pénicilline tolèrent bien ce médicament. On a fait mention de troubles rénaux associés à une posologie élevée ou survenant chez des malades atteints d'insuffisance rénale.

PRÉSENTATION: La céphaloridine B.D.H. est présentée en fioles de 250 mg, 500 mg et 1 gramme; boîte de 5 fioles.

UNIVERSITE DE MONTREAL

"Applications pratiques des découvertes récentes", cours qui aura lieu à l'Institut de Recherches Cliniques de Montréal les 21 et 22 mai prochain.

JEUDI 21 MAI

8:00 Enregistrement

8:50 Message d'ouverture — de Guise Vaillancourt.

Organisation et concept du cours — Jacques Genest.

Président: de Guise Vaillancourt

9:00 Applications pratiques des découvertes récentes en hypertension, néphrologie et endocrinologie — Jacques Genest, Otto Kuchel.

10:30 Pause-café — André Lanthier, Michel Chrétien.

10:45

12:30 Déjeuner: Cafétéria de l'Institut (2e étage)

Président: Pierre Montpetit

14:00 Applications pratiques des découvertes récentes en neurologie, chirurgie, microbiologie, immunologie et nutrition — André Barbeau, Pierre Lavoie.

15:30 Pause-café — Fernand Turgeon, Antoine Gattreau.

15:45

VENDREDI 22 MAI

Président: Guy Landriault

9:00 Applications pratiques des découvertes récentes en gastro-entérologie, hépatologie, cardiologie et artériosclérose — François Martin, André Viallet.

10:30 Pause-café — Yves Morin, Jean Davignon.

10:45

12:30 Déjeuner: Cafétéria de l'Institut (2e étage)

Président: Gilles Leduc

14:00 Applications pratiques des découvertes récentes en pneumologie, immuno-hématologie et allergie — David Bates, Harry Pretty.

15:00 Pause-café — Pierre Delorme

Le cours de PERFECTIONNEMENT en RHUMATOLOGIE prévu pour les 13 et 14 avril à l'Hôpital Notre-Dame est remis à l'automne prochain.

**APPLICATIONS PRATIQUES DE
DECOUVERTES RECENTES
INSTITUT DE RECHERCHES CLINIQUES
DE MONTREAL
21/22 MAI**

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**Don't save Selsun
for difficult cases.
Use it to avoid them.**



Why save best for last when you can count on Selsun effectiveness? As for safety, Selsun has shown itself impressively free of serious side effects.

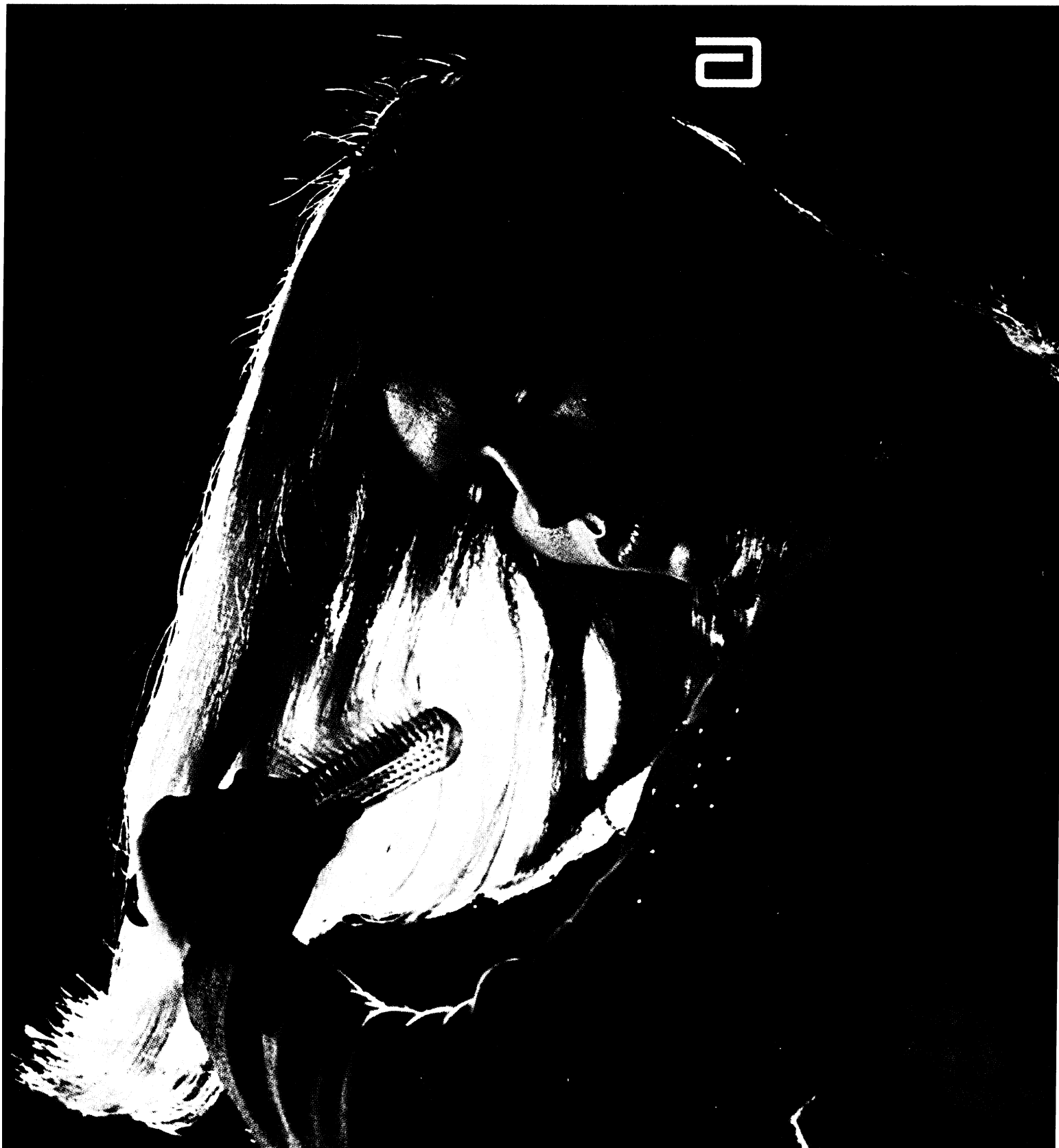
Selsun*

(Selenium sulfide detergent suspension, U.S.P.)

Indications: For treatment of common dandruff and mild to moderately severe seborrheic dermatitis of the scalp.

Precautions and side effects: Keep out of the eyes; burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur.

**Abbott Laboratories, Limited,
Montréal, Québec**



Ritalin[®]

Ritalin gently overcomes mild depression and the fatigue so often associated with it. This is one agent that really brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients often report that fatigue and worry seem to vanish; they are able to go all day without becoming tired.

Acts in minutes Unlike other antidepressants, Ritalin usually brings relief with the very first dose. Your patients need not wait days

or even weeks to begin feeling better. Ritalin also . . .

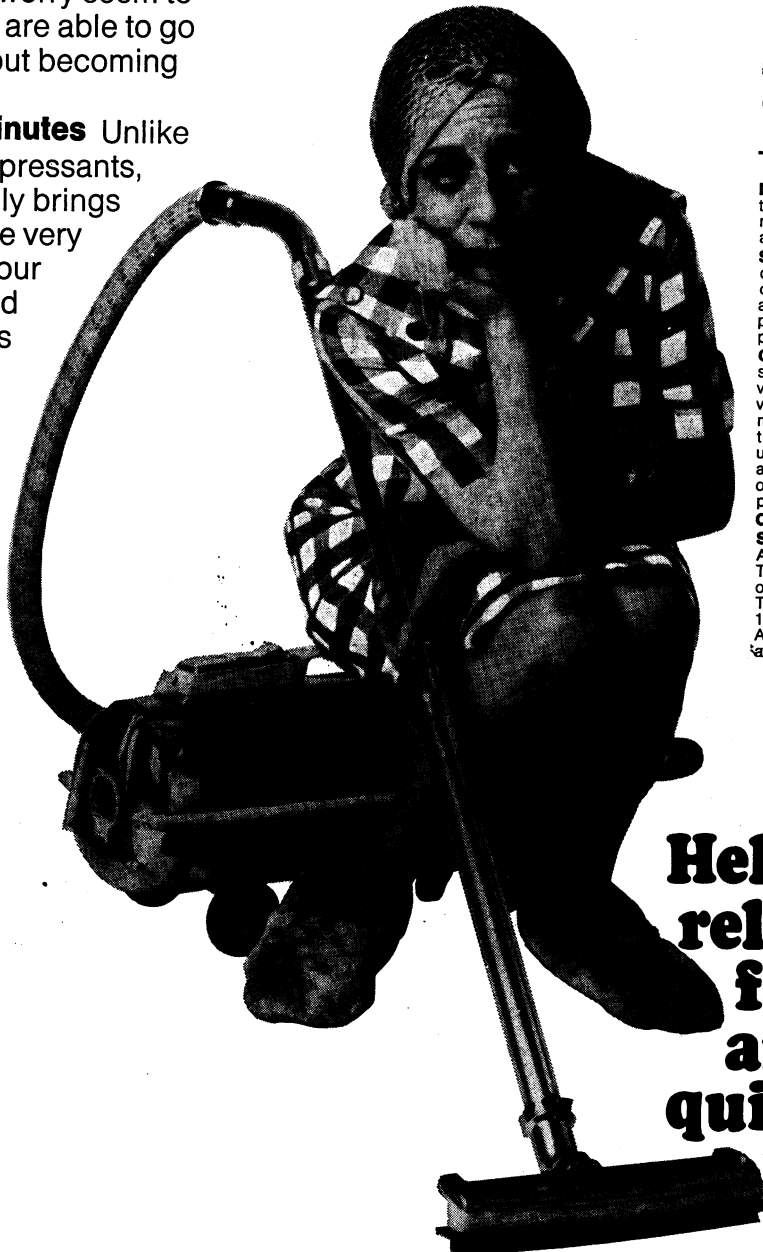
Offers outstanding safety

Unlike amphetamines, Ritalin rarely affects blood pressure or heart rate. It has not been associated with muscle tremors or urinary retention as have the potent MAO

inhibitors or tricyclic compounds. And toxic or adverse effects on blood, urine, liver or kidney function are not to be anticipated. For these reasons, Ritalin . . .

Proves especially valuable for the elderly

This time-tested agent is well tolerated, even by older patients. It rarely affects appetite or causes rebound depression.



Dosage Oral: Initially, two 10-mg. tablets in the morning, one at noon, and one more, if necessary, at 5:00 p.m. For maintenance, revise as needed.

Side-effects Nervousness or insomnia, if present, can be avoided by dosage-reduction or by omitting Ritalin in the afternoon. Reports note a few cases of anorexia, dizziness, headache, palpitations, drowsiness, skin rash, overt psychotic behavior and psychic dependency.

Cautions Not recommended for severe depressions, except in hospital under close supervision. Patients with agitation may react adversely. Use cautiously in the presence of marked anxiety or tension. Ritalin may potentiate the effect of pressor agents; exercise care in use with epinephrine, levarterenol, or angiotension amide. While oral Ritalin has little or no effect on normal blood pressure, use cautiously in patients who have hypertension.

Contraindications Glaucoma, epilepsy.

Supplied

All forms contain methylphenidate hydrochloride. Tablets of 10 mg. (pale blue, scored); bottles of 100 and 500. Tablets of 20 mg. (peach, scored); bottles of 100 and 500. Ampoules of 20 mg. (lyophilized); boxes of 10 and 100.

**Helps
relieve chronic
fatigue
and apathy
quickly**